

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

042

1000

1008

-60-032950
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1008

1. PLACE OF DEATH a. COUNTY Euchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Lifetime		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 802 Hall St.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 802 Hall St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle J. Last Tootle				4. DATE OF DEATH Month September Day 18, Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Mar. 2, 1873		9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed			10b. KIND OF BUSINESS OR INDUSTRY Banking			11. BIRTHPLACE (City and state or country) St. Joseph, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Milton Tootle				13b. MOTHER'S MAIDEN NAME Katherine O'Neill				14. NAME OF HUSBAND OR WIFE Ella P. Tootle					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Stanley W. Birdsall, St. Joseph, Mo. Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral haemorrhage										INTERVAL BETWEEN ONSET AND DEATH 6 weeks			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis, generalized										10 yrs.			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 6-15-60 to 9/18/60 and last saw him alive on 9/17/60 Death occurred at 4:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>John R. ... M.D.</i> (Degree or title)						22b. ADDRESS 420 N. 8th St. Joseph, Mo.			22c. DATE SIGNED 9/22/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Sep. 20, 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Missouri			(State)			
24. FUNERAL DIRECTOR <i>Mrs. ...</i>				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 28, 1960		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>					

DOCUMENT

BY AFFIDAVIT OF J.A. Forgrave, M.D. MEDICAL CERTIFICATION

0961 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Cherry

Licensed Embalmer No. 4679

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.