

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-041231

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 59

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kingston</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Polo</u> |
| c. FULL NAME OF (If not in hospital, give location) <u>Berry Rest home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>✓</u> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>Virginia</u> Last <u>Toon</u> | | | 4. DATE OF DEATH Month <u>11</u> Day <u>18</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-7-1875</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Tippon Ohio</u> | 12. CITIZEN OF WHAT COUNTRY |
| 13a. FATHER'S NAME <u>W. J. Whitmire</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Boroz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Albert H. Toon (dec)</u> |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. <u>500-36-1775A</u> | 17. INFORMANT <u>Mrs H.B. Orr 4240 Kelsey K.C. Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma breasts, right</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 <u>9:20</u> a.m. Month <u>11</u> Day <u>18</u> Year <u>1960</u> | | | |

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| 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 <u>Kingston</u> | COUNTY <u>Caldwell</u> | STATE <u>Mo</u> |
|--|--|---|---------------------------|--------------------|

21. I attended the deceased from Oct 1959 to 11-18-60 and last saw her alive on 11-18-60
Death occurred at 9:20 AM A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>F.R. Daley MD</u> | (Degree or title) | 22b. ADDRESS <u>Hamilton, Mo.</u> | 22c. DATE SIGNED <u>11-19-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-20-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland cemetery</u> | 23d. LOCATION (City, town, or county) <u>Hamilton Caldwell Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Alsbaugh + Cowley</u> | ADDRESS <u>Polo Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>11-28-60</u> | 26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Erwin L. Howells

Licensed Embalmer No. 492

P. O. Address Polo, Mo.

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.