

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

6054-60-046393
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

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|--|--|--|--|---|--|---|---|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 43 YEARS | | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3542 TROOST AVENUE | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3542 TROOST AVENUE | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First DOROTHEA Middle ALICE Last TOTHILL | | | | 4. DATE OF DEATH Month NOVEMBER Day 30 Year 1960 | | | | | | | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 10/27/1917 | | 9. AGE (last birthday) 43 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | | 10b. KIND OF BUSINESS OR INDUSTRY ---- | | 11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME HARRY TEAGARDEN | | | | 13b. MOTHER'S MAIDEN NAME NELLE GOULD | | | | 14. NAME OF HUSBAND OR WIFE JOHN F. TOTHILL | | | | | |
| 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. 499-01-9565 | | 17. INFORMANT JOHN F. TOTHILL 3542 TROOST AVENUE KANSAS CITY, MISSOURI | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart terminated by poisoning by barbiturate and alcoholic poisoning. DUE TO (b) positive for barbiturate and alcoholic poisoning. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/> No <input type="checkbox"/> Unknown | | | | | | | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> ? <input type="checkbox"/> SUICIDE <input type="checkbox"/> ? <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ? <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 _____ to _____ and last saw her/him alive on _____. Death occurred at 7:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE Hugh Owens (Degree or title) | | | | | | 22b. ADDRESS 1512 Union Station | | | | 22c. DATE SIGNED 11-30-60 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 3, 1960 | | 23c. NAME OF CEMETERY OR CREMATOR Calvary Cemetery | | | | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri | | | | | |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. | | | | 25. DATE RECD. BY LOCAL REG. 12-2-60 | | 26. REGISTRAR'S SIGNATURE H. L. Dwyer | | | | | | | |

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. M.

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.