MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-028759
STATE FILE NUMBER

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 125

FILED SEP 5 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Bunceton
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: WALTER Middle: CHRISTIAN Last: TOELLNER
4. DATE OF DEATH: Month: Sept. Day: 1 Year: 1961
5. SEX: male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/9/92
9. AGE (last birthday): 69
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Cooper County, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Christian Toellner
13b. MOTHER'S MAIDEN NAME: Anna Timm
14. NAME OF HUSBAND OR WIFE: Stella King Toellner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs Walter Toellner Address: RFD Bunceton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia, right lung
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-22-61, to 9-1-61 and last saw her/him alive on 8-31-61
Death occurred at 9:15 am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. M. Stewart, M.D. (Degree or title)
22b. ADDRESS: 329 Main, Boonville Mo
22c. DATE SIGNED: 9-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/3/61
23c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Bunceton, Mo. RFD
24. FUNERAL DIRECTOR: B. W. Thacher ADDRESS: Boonville, Mo.
25. DATE REC'D. BY LOCAL REG.: 9/2/61
26. REGISTRAR'S SIGNATURE: D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

SEP 6 1961

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.