

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019414

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0530

20530

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11053

1291-3

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUN 11 1962

1. PLACE OF DEATH
a. COUNTY **Laclede**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Laclede**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Washington T.S.** Length of stay in lb **12 yrs.**

c. CITY OR TOWN **Lebanon** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4 1/2 Mi. S. Highway #5** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Rural Rt. #1** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Virgil Toler June 1, 1962

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-17-13** 9. AGE (last birthday) **49** 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) **farm hand** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Camden Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Green Toler** 13b. MOTHER'S MAIDEN NAME **Ethel (unknown)** 14. NAME OF HUSBAND OR WIFE **none**

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 **B.T. Wrinkle, Rt. 1, Lebanon, 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) **Fractured skull & Crushed Chest** INTERVAL BETWEEN ONSET AND DEATH **immed.**
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) **Compound fracture to both legs & both arms.** 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.) **Struck by car while crossing highway.**

20c. TIME OF INJURY Hour Month, Day, Year **5:15 p.m. 6-1-62**

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.) **Highway #5 South** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Lebanon Laclede Mo**

21. I attended the deceased from **5:15 p.m.** to **June 1, 1962** and last saw him alive on **June 1, 1962**
Death occurred at **5:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. J. Shadel** 22b. ADDRESS **Coroner City Rt 66 W. Lebanon Mo** 22c. DATE SIGNED **6-3-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6-3-62** 23c. NAME OF CEMETERY OR CREMATORY **Hufft Cemetery** 23d. LOCATION (City, town, or county) (State) **Eldridge, Mo.**

24. FUNERAL DIRECTOR ADDRESS **J. J. Shadel Lebanon, Mo.** 25. DATE RECD. BY LOCAL REG. **6-5-1962** 26. REGISTRAR'S SIGNATURE **Hella L. Gray**

USE BLACK INK OR TYPEWRITER RIBBON

JUN 12 1962

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Crane, 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.

Permit Journal 6-3-1962 M. R. D