

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022470

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. 5415 Registrar's No. 28

FILED JUL 9 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>DOUGLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PRYOR</b>		c. CITY OR TOWN <b>MTN. GROVE</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>HIGHWAY 'D'</b>		d. STREET ADDRESS (If outside, give location) <b>207 S. WEST</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>AUSTIN ORA TOOLEY</b>		4. DATE OF DEATH Month Day Year <b>JULY 1 1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3-19-1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (last birthday) <b>45</b>
11a. FATHER'S NAME <b>EDD. TOOLEY</b>		11b. MOTHER'S MAIDEN NAME <b>BERTHA 'PRICE' TOOLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1943-1946</b>		16. SOCIAL SECURITY NO. <b>1943-1946</b>	
17. INFORMANT <b>LILBERN TOOLEY</b>		Address <b>WEST PLAINS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BROKEN NECK + PUNCHED R. LUNG.</b> DUE TO (b) <b>AUTOMOBILE ACCIDENT</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>RIGHT ARM + LEFT LEG BROKEN</b>			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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>CAR HIT TREE</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>5 7-1-62</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>DOUGLAS MO.</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>PRYOR DOUGLAS MO.</b>	
21. I attended the deceased from <b>7-1-62</b> to <b>7-1-62</b> and last saw her alive on <b>7-1-62</b> Death occurred at <b>5:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Vestal Bushman, R.</b>		22b. ADDRESS <b>Ava Mo</b>	
22c. DATE SIGNED <b>July 3, 62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 4-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST</b>	23d. LOCATION (City, town, or county) (State) <b>MTN. GROVE MO.</b>
24. FUNERAL DIRECTOR <b>BARBER</b>		25. DATE RECD. BY LOCAL REG. <b>July 4-62</b>	
ADDRESS <b>MTN. GROVE</b>		26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 1962

AUG 8 1962

JUL 18 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 Robert Bork

Licensed Embalmer No. 3848

P. O. Address Wm. J. Jones, 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.