MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-026157

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 898

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 13 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, — Length of stay in 1b: 50 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2715 Francis Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM — Middle H. — Last TOBEN

4. DATE OF DEATH: Month July — Day 31 — Year 1962

5. SEX: Male — 6. COLOR OR RACE: White — 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ — 8. DATE OF BIRTH: Dec. 16, 1877 — 9. AGE (last birthday): 84 — 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): Vice President — 10b. KIND OF BUSINESS OR INDUSTRY: Western Tablet Co. — 11. BIRTHPLACE (City and state or country): Quincy, Illinois — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Theodore Toben — 13b. MOTHER'S MAIDEN NAME: Ida Busse — 14. NAME OF HUSBAND OR WIFE: Mayme W. Toben

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. — 17. INFORMANT: Mrs. Mayme W. Toben — Address: St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio pulmonary insufficiency	Several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary emphysema & car pulmonale	Several years
DUE TO (c)	Carcinoma of prostate with metastasis	5-6 years

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. ☐ 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 about 1949, to 7-31-1962 and last saw him alive on 7-31-1962
Death occurred at 1:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lucian W. Ide M.D. — 22b. ADDRESS: 902 Edmond Street, St. Joseph, Mo. — 22c. DATE SIGNED: 8-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Aug. 2, 1962 — 23c. NAME OF CEMETERY OR CREMATORY: Ashland Mausoleum — 23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Meierhoffer-Fleeman Inc. — ADDRESS: St. Joseph, Mo. — 25. DATE RECD. BY LOCAL REG.: August 8, 1962 — 26. REGISTRAR'S SIGNATURE: Geo. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

L. W. Ide, M.D. — MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117 2		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	5271H		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 8/2/62

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 Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph 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.