

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036524
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5245

FILED OCT 9 1963

VS 300 Rev. 4/59	DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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) KANSAS CITY		Length of stay in 1b 41 YRS.	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 GENERAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4400 ELMWOOD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN WESLEY TOLLE			4. DATE OF DEATH Month Day Year SEPTEMBER 25 1963
5. SEX MALE	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 5-9-1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSEMAN		10b. KIND OF BUSINESS OR INDUSTRY FLEMING CO.	9. AGE (last birthday) 41 IF UNDER 1-YEAR: Months Days IF UNDER 24 HR: Hours Min.
11a. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOHN W. TOLLE SR.		13b. MOTHER'S MAIDEN NAME FLORENCE SMITH	
14. NAME OF HUSBAND OR WIFE VIRGINIA MAXINE TOLLE		17. INFORMANT Address MRS. J. W. TOLLE 4400 ELMWOOD - K. C., MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or dates of service. YES W. W. 2		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound Head 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) 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"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Made a statement that he was going to shoot self	
20c. TIME OF INJURY Hour a.m. p.m. 9 35 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Yes	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson mo
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. H. P. Owens		22b. ADDRESS 153 Union Station	22c. DATE SIGNED 9-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-27-1963	23c. NAME OF CEMETERY OR CREMATORY MT. NEBO	23d. LOCATION (City, town, or county) (State) GRAND PASS, MISSOURI
24. FUNERAL DIRECTOR ADDRESS C. H. BLACKMAN & SON, INC. K. C., MO.		25. DATE RECD. BY LOCAL REG. 9-26-63	26. REGISTRAR'S SIGNATURE Bessie Smith

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

Heigh Baird

Licensed Embalmer No. 4888

P. O. Address TC 241 M 8

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.