

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1747**

FILED FEB 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **51**

7005

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>	c. LENGTH OF STAY (In this place) <b>28 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	<b>7005</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence, 908 N. River Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>908 N. River Blvd.</b>	
3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Toloso</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar. 27, 1869</b>
9. AGE (In years last birthday) <b>83</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Mo.</b>
12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joe McGourgal</b>	
13b. MOTHER'S MAIDEN NAME <b>Evelyn Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Toloso</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Spake, Independence, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Chronic endocarditis</b> ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Coronary sclerosis</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 3, 1950</b> to <b>Jan 29, 1953</b> that I last saw the deceased alive on <b>Jan 29, 1953</b> , and that death occurred at <b>6:45 Pm</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>M. Ruth, Independence, Mo.</b>		23b. ADDRESS <b>Independence, Mo.</b>	
23c. DATE SIGNED <b>1/30/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/31/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Craven Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>East Camden, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-31-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
FEDERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Independence, Mo.</b>	

**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 .....  
Student Embalmer

Signed Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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 this body is not embalmed, fact should be so stated above.