

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8286**

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5146** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Davis Twn.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Davis Twn.	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) 0130	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Lorene c. (Last) Toomay			4. DATE OF DEATH (Month) (Day) (Year) March 24th, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1874	9. AGE (In years last birthday) 81 yrs.	IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Braymer, Missouri R F D	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Thomas Plummer	13b. MOTHER'S MAIDEN NAME Mary Steward	14. NAME OF HUSBAND OR WIFE James W. Toomay
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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'S SIGNATURE OR NAME James W. Toomay	ADDRESS Braymer, Mo
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<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month many years many years many years	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Cerebral Thrombosis	DUE TO (b) Cerebral Arteriosclerosis		
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis			
	II. OTHER SIGNIFICANT CONDITIONS ^(b) Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Dec. 24, 1954, to Mar. 24, 1956 that I last saw the deceased alive on Mar. 23, 1956 and that death occurred at 6:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. Grodberg MD	23b. ADDRESS Braymer, Missouri	23c. DATE SIGNED 3-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 27, 1956	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Missouri
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DATE REC'D BY LOCAL REG. 3-28-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Mead Funeral Service, Braymer, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

9-9-0

22 . . . 3 . . . 1937

STATEMENT BY LICENSED EMBALMER

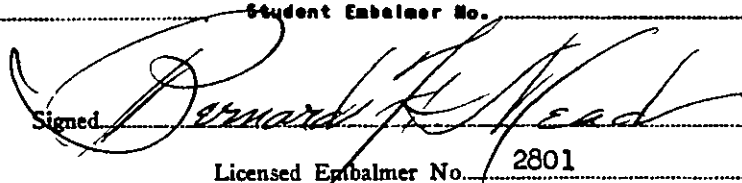
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.