

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32787

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRAYMER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRAYMER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHWEST BRAYMER, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>NORTHWEST BRAYMER, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>JANE</u> c. (Last) <u>TOOMAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 24 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 22, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LANDOWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LANDOWNER</u>	11. BIRTHPLACE (State or foreign country) <u>RAY CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>MICHAEL TOOMAY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE MOAD</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAYME LETHOLT BRAYMER MO.</u> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Pancreas</u>		157X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		<u>1. Generalized arteriosclerosis many years</u> <u>2. Chronic Myocarditis many years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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 July 7, 1947, to Sept. 24, 1950, that I last saw the deceased alive on Sept. 24, 1950, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

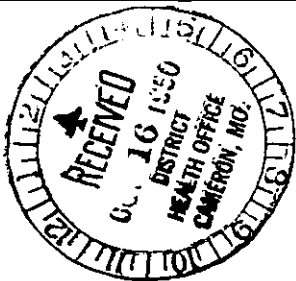
23a. SIGNATURE <u>J. E. Gredling M.D.</u> (Degree or title)	23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>9/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 27, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACK OAK</u>	24d. LOCATION (City, town, or county) (State) <u>CALDWELL CO., MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-11-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Payne</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u> ADDRESS <u>Braymer, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 6 1951

67-21-2-10

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.~~

Signed Gene C. Michael

Signed
~~Student Embalmer~~

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.