

REC'D NOV 12 1942  
Registration District No. **42**

Primary Registration District No. **1001 1000**

Registrar's No. **835**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**

(c) Name of hospital or institution: **MO. METHODIST HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton** **25**

(c) City or town **Plattsburg** **3**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Cecil Loyd Tobin**

3. (b) If veteran, name war **No**

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**  
year **1942** hour **10** minute **25** a.m.

4. Sex **male** 5. Color or race **col**

6. (b) Name of husband or wife **Hazel Tobin**

7. Birth date of deceased **Dec 2 1920**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 26** 1942 to **Oct. 30** 1942  
that I last saw him alive on **Oct. 30** 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**21 10 28** hr. min.

Immediate cause of death: **Fracture 5 cervical vertebrae - paralysis partial of arms complete below chest**

Due to.....

Due to.....

9. Birthplace **Plattsburg Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) **1952**

11. Industry or business

12. Name **Seminie Tobin**

13. Birthplace **Plattsburg Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Tobin**

15. Birthplace **Plattsburg Mo.**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant **Seminie Tobin**

(b) Address **Plattsburg Mo.**

17. (a) **Burial** (b) Date thereof **Nov 1 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Plattsburg Mo.**

18. (a) Signature of funeral director **Tracy G. Robertson**

(b) Address **218 South 10th St. Plattsburg Mo.**

19. (a) **11-1-42** (b) **Joe H. Grogan**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 025**

(b) Date of occurrence **Oct. 25-42**

(c) Where did injury occur? **Plattsburg Clinton Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Playing football**  
(Specify type of place) (e) Means of injury.....

23. Signature **H. S. Caudel** (M. D. or other)

Address **St. Joseph Mo.** Date signed **10-30-42**

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Victor J. Barry*

Licensed Embalmer No.....

*4212*

P. O. Address.....

*S. K. Joseph Inc.*

**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.**