

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 530

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4115</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triplett</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triplett</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wyatt</u>			b. (Middle) <u>Tolson</u>			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18/51</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>Mar 10/1878</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Chariton Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Thomas Tolson</u>		13b. MOTHER'S MAIDEN NAME <u>Diana Cooper</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Williams Triplett Mo</u>					
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) <u>Burned</u> ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Clothing caught fire</u> DUE TO (c) <u>in a Brass fire</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u> <u>1 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>021</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>TRIPLETT, TWP CHARITON MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 17 - 1951 4P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Clothing caught fire</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. D. Gauntt</u>				23b. ADDRESS <u>Keokuk Mo</u>		23c. DATE SIGNED <u>1-20-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Triplett</u>		24d. LOCATION (City, town, or county) (State) <u>Triplett Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-20/51</u>		REGISTRAR'S SIGNATURE <u>Mildred Boone</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. L. Keppard Mound Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: 2-1-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-317
Date Filed: FEB 6 1951

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, ~~_____~~.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *S. L. Leisner*.....

Licensed Embalmer No. *3970*.....

P. O. Address *Mendon 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.