

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13208

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Livingston			
b. CITY OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Chillicothe Mo.		d. STREET ADDRESS (If rural, give location) 121 Church 0592	
d. FULL NAME OF HOSPITAL OR INSTITUTION 121 Church St.			d. STREET ADDRESS (If rural, give location) 121 Church 0592			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Foster c. (Last) Tolson			4. DATE OF DEATH (Month) (Day) (Year) 4-6-51			
5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH June 30-1893		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chillicothe Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Tolson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Flora Tolson (Dec)		
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Sears 121 Church Chillicothe			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) Chillicothe Livingston (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 death instantaneously, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 p.m., from the causes and on the date stated above.						
23a. SIGNATURE M. M. Powell			23b. ADDRESS Chillicothe		23c. DATE SIGNED 4/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-8-51	24c. NAME OF CEMETERY OR CREMATORY South Cem		24d. LOCATION (City, town, or county) Chillicothe Mo (State)	
DATE REC'D BY LOCAL REG. 4/7/51		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Chillicothe		

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

0592

0592



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 *E. Bennett*.....

Licensed Embalmer No. 3227.....

P. O. Address Chillum the Md.....

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.