

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34724

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 922

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Mo.</u>	
c. LENGTH OF STAY (in this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1436 N. Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILL</u>	b. (Middle)	c. (Last) <u>TOLBERT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 12 52</u>
---	-------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negrs</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug-4-1869</u>	9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 2 HRS. Hours	if UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Varied</u>		11. BIRTHPLACE (State or foreign country) <u>Bagge Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Tolbert</u>
--------------------------------------	---	---

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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Tolbert</u>	ADDRESS <u>1436 N. Prospect</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cystitis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>60% X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Aug 29, 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leman D. Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>307 1/2 College Springfield</u>	23c. DATE SIGNED <u>10/13/52</u>
--	-------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawlewood</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-15-52</u>	REGISTRAR'S SIGNATURE <u>East Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H-Y. Smith</u>	ADDRESS <u>602 N. Jefferson</u>
---	---	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

139-0

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 Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfield 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.