

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27769**
3235

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dakson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dakson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>1042</u>		c. CITY OR TOWN <u>KANSAS CITY</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D. O. A. C. Hospital</u>		STREET ADDRESS (If rural, give location) <u>1003 E. 14th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrel</u> b. (Middle) _____ c. (Last) <u>Tolon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 13, 1922 - 32 yrs.</u>
9. AGE (In years last birthday) _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beggs, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Cross Tolson</u>	13b. MOTHER'S MAIDEN NAME <u>Sally West</u>	14. NAME OF HUSBAND OR WIFE <u>MATTIE TOLON</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>447-18-2367</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MATTIE TOLON</u> ADDRESS <u>1003 E. 14th</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple Lung Abscesses</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 _____	
20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>I. M. Tillman M.D.</u> (Degree or title) _____		23b. ADDRESS <u>1618 Lydia Ave</u>	
23c. DATE SIGNED <u>7/9/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>July 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRISTOW</u>	
24d. LOCATION (City, town, or county) (State) <u>BRISTOW, OKLA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Smith</u> ADDRESS <u>1415 E TRUMAN</u>	
DATE REC'D BY LOCAL REG. <u>7-10-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geraldine Smith 1415 E TRUMAN</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD I. M. Tillman MD

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.....
Signature of Student Embalmer

Signed *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *X. C. 40*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.