

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013660

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau 068</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>California, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			Length of stay in 1b <u>8 Days</u>		d. STREET ADDRESS (If outside, give location) <u>511 Ryan St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin Franklin Tooms</u>				4. DATE OF DEATH Month Day Year <u>April 19 1958</u>									
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 19 1869</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>				11. BIRTHPLACE (City and state or country) <u>Moniteau Co. Mo. 0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John J. Tooms</u>						14. MOTHER'S MAIDEN NAME <u>UnKnown</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>None</u>		17. INFORMANT Address <u>Louis Harmon California Mo.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular hemorrhage</u> Traumatic Injury Fracture right Maxilla bone face Fracture ribs, right Fracture pelvis, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>1 wk.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Contusions + lacerations, face, chest, Pelvis</u> 9103 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Log rolled from truck onto over</u>										
20c. TIME OF INJURY Hour Month, Day, Year <u>11:00 a. m. 4 11 58</u>			<u>Patient, at a saw mill</u>										
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (In or about home, farm, shop, street, hotel, club, etc.) <u>California, Mo.</u>			20f. CITY, TOWN, OR LOCATION <u>California, Moniteau Mo.</u>			COUNTY <u>068</u>		STATE		
21. I attended the deceased from <u>4-11-58</u> to <u>4-19-58</u> and last saw him alive on <u>4-19-58</u> Death occurred at <u>4:27</u> 3:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Rendall P. Clark, M.D.</u>						22b. ADDRESS <u>Jefferson City, Mo</u>			22c. DATE SIGNED <u>4-19-58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/20/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cemetery</u>			23d. LOCATION (City, town, or county) <u>California, Mo</u>			(State)			
24. FUNERAL DIRECTOR <u>Earl Bowlin - California Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>19 April 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris MA-MR</u>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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

Jack H Bowlin

Licensed Embalmer No. *49*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.