

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021474

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 126

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before address) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Washington</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. Francis Hosp.</u> Length of stay in lb <u>50 yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>920 W. Sixth St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last <u>GEORGE H Tobben</u> | | | 4. DATE OF DEATH Month Day Year <u>July 7, 1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 13, 1888</u> |
| 9. AGE (In years last birthday) <u>69</u> | | 10. UNDER 1 YEAR Months <u>8</u> Days <u>25</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Relief Foreman Int. Shoe Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoebow, Missouri</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U. S. A.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Bernard Tobben</u> | | 13b. MOTHER'S MARDEN NAME <u>Josephine Patke</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Johanna S. Tobben</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>493-01-0214</u> | | 17. INFORMANT Address <u>920 W. 6th, Washington, 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerotic C-V-Disease</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>7 years</u> |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>13 Feb 49</u> to <u>7 July 58</u> and last saw <u>him</u> live on <u>7 July 58</u> Death occurred at <u>8:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. W. Brown, D.D.</u> | | 22b. ADDRESS <u>Washington, Mo.</u> | |
| 22c. DATE SIGNED <u>8 July 58</u> | | 23. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery Washington Missouri</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial July 10, 1958</u> | | 23b. DATE <u>7/9/58</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Heiburg & Witt, Inc., Washington, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7/9/58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>F. P. Widmann</u> | | 27. REGISTRAR'S SIGNATURE <u>F. P. Widmann</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1958

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 *Lester A. Witt*

Licensed Embalmer No. *3254*
P. O. Address *Washington*

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.