

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024788
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kingston		c. CITY OR TOWN Kingston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last John Benjamin Tospon			4. DATE OF DEATH Month Day Year 7 12 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1-1877	9. AGE (In years last birthday) 81	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Kingston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Tospon	13b. MOTHER'S MAIDEN NAME Eliza Otto	14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Miss. Edith Tospon, Kingston, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 years
DUE TO (b) Prostatic carcinoma (primary)		
DUE TO (c) 177X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____, 1956, to 7-12-58 and last saw him alive on 7-11-58 Death occurred at 7:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE J. D. Elder D.O. 2	22b. ADDRESS Hamilton, Mo	22c. DATE SIGNED 7-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-14-1958	23c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	23d. LOCATION (City, town, or county) (State) Kingston, Missouri
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24. FUNERAL DIRECTOR Cramer Clark, Kingston, Mo	25. DATE RECD. BY LOCAL REG. July 16-58	26. REGISTRAR'S SIGNATURE Gladys Jones
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(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, N.Y.*

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.