

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033202
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Green			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Prairie			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Unity on 50			Length of stay in lb 0000000	d. STREET ADDRESS 207 N. Golden		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lloyd McKinley Tomlinson				4. DATE OF DEATH Month Day Year Sept 26 1958			
5. SEX Male 0	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 Nov. 23, 1895	9. AGE (In years last birthday) 61	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto Parts		11. BIRTHPLACE (City and state or country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank L. Tomlinson			13b. MOTHER'S MAIDEN NAME Maude Spencer		14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Beasley-Wood Funeral Home, Mena, Ark			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull For 1/2 Amer Injured Chest Conditions, if any, } DUE TO (b) which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Autopsy & Inspection						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.) Two Car Collision 2				
20c. TIME OF INJURY Hour Month, Day, Year 9:30 am 9-26-58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION 019 Carroll COUNTY STATE MO		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Hugh A. Owens (Degree or title)				22b. ADDRESS 1034 Pinalto Bldg		22c. DATE SIGNED 9-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Removal		Sept. 26, 1958	Pinecrest Memorial Park		Mena, Arkansas		
24. FUNERAL DIRECTOR Beasley-wood Funeral Home, Mena,			ADDRESS Ark	25. DATE RECD. BY LOCAL REG. 9-26-1958	26. REGISTRAR'S SIGNATURE N. B. Longford		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *N. B. Langford*

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit*

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.