

Health,  
& Welfare  
Public  
Service

8

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5221  
4094

58-039211  
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 59 Primary Registration District No. 4094 Registrar's No. 156

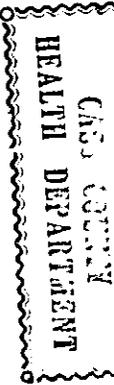
S. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dayton Township</b>		c. CITY OR TOWN <b>GARDEN C.T.Y 0190</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles S.E. Garden City</b>		d. STREET ADDRESS <b>3 m/ks S.E. GARDEN C.T.Y</b>	
Length of stay in 1b <b>1 1/2 years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Harvey Edmond Tosspon</b>			4. DATE OF DEATH Month Day Year <b>11 14 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 19, 1880</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 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) <b>Interior Decorator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (City and state or country) <b>Kingston, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Tosspon</b>	
13b. MOTHER'S MAIDEN NAME <b>Matilda Kuster</b>		14. NAME OF HUSBAND OR WIFE <b>Dora B. Tosspon</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mr. B. I. Tosspon</b>		Address <b>Garden City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Anteriosplenosis</b>			<b>15 yfso</b>
DUE TO (c) <b>Fracture Rt Femur</b>			<b>6 da</b>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>019</b>		COUNTY STATE	
21. I attended the deceased from <b>Aug 50</b> to <b>Nov 14<sup>th</sup></b> and last saw him alive on <b>Nov 14, 1958</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. E. Troach</b> (Degree or title)		22b. ADDRESS <b>Harrisonville</b>	
22c. DATE SIGNED <b>Nov 15, 1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-14-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brooking Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Raytown, Missouri</b>	
24. FUNERAL DIRECTOR <b>Atkinson-Pickley</b> ADDRESS <b>Garden City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-16-58</b>	
26. REGISTRAR'S SIGNATURE <b>Fred Lee Anderson</b>		Deputy	

(Licensed Embalmer's Statement on Reverse Side)



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 *William J. Lilly* .....

Licensed Embalmer No. *4685* .....

P. O. Address *Madison City, Mo.*

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.