

FILED SEP 2 - 1952

STANDARD CERTIFICATE OF DEATH

State File No. 27873
Registrar's No. 72

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

1. PLACE OF DEATH a. COUNTY Howard 0451		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard 0450	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) R. R. #3	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Depeu	c. (Last) Tolson	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept. Howard Co. Missouri	11. BIRTHPLACE (State or foreign country) USA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Depeu Tolson	13b. MOTHER'S MAIDEN NAME Katherine Czigler	14. NAME OF HUSBAND OR WIFE Margaret Crews
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 486-36-1134	17. INFORMANT'S SIGNATURE OR NAME Mrs John Tolson ADDRESS Fayette, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 6 M
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Primary Lesions) DUE TO (c) (Right Kidney)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION March 52	19b. MAJOR FINDINGS OF OPERATION 180X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952 to Aug. 20, 1952, that I last saw the deceased alive on Aug. 20, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M.D. (Degree or title)	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 8-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/52	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery Fayette	24d. LOCATION (City, town, or county) (State) Missouri
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DATE REC'D BY LOCAL REG. 8-25-52	REGISTRAR'S SIGNATURE Mary T. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr ADDRESS Fayette, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette 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 this body is not embalmed, fact should be so stated above.