No. 300
10.48

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28616

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3054 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 722 S. 6TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: RANDOLPH
c. CITY OR TOWN: MOBERLY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 722 S 6TH STREET 0883

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) BENNET c. (Last) TOLSON

4. DATE OF DEATH (Month) (Day) (Year): Sept 14 1954

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 8/16/1881

9. AGE (In years last birthday): 73 — 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): Hod CARRIER

10b. KIND OF BUSINESS OR INDUSTRY: BRICK

11. BIRTHPLACE (City and State or Foreign Country): JACKSONVILLE MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH TOLSON

13b. MOTHER'S MAIDEN NAME: NANCY WRIGHT

14. NAME OF HUSBAND OR WIFE: LILLY TOLSON

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.: 487-07-2683

17. INFORMANT'S SIGNATURE OR NAME: Ora Reynolds — ADDRESS: Moberly Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): abscess left lung — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: arteriosclerosis generally undetermined

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 521X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 22, 1954, *to* Sep 14, 1954, *that I last saw the deceased alive on* Sep 1, 1954 *and that death occurred at* 7 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence C Cobb MD

23b. ADDRESS: Moberly Mo

23c. DATE SIGNED: Sep 4 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept 6-1954

24c. NAME OF CEMETERY OR CREMATORY: JACKSONVILLE CEMETERY

24d. LOCATION (City, town, or county) (State): JACKSONVILLE MO.

DATE REC'D BY LOCAL REG.: 9-6-54 — REGISTRAR'S SIGNATURE: Leah Williams 269-0

25. FUNERAL DIRECTOR'S SIGNATURE: Snow Funeral Home — ADDRESS: Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14

JUN 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerry R. Cater

Licensed Embalmer No. 490

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Fa
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.