

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8019

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Glasgow</i>		c. CITY OR TOWN <i>Glasgow</i>	
c. LENGTH OF RESIDENCE (If in this place) <i>3 yrs</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>0450</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>HORACE</i> b. (Middle) <i>Chock</i> c. (Last) <i>TOLSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 26, 1955</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>Mar. 25, 1880</i>		9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR: Months Days IF UNDER 48 HRS: Hours Min.	
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Common Labor</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Boonville, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					

13a. FATHER'S NAME <i>Not Known</i>		13b. MOTHER'S MAIDEN NAME <i>Not Known</i>		13c. NAME OF HUSBAND OR WIFE <i>Ada Wells Tolson (dec.)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Horace Tolson Jr. Chicago Ill.</i> ADDRESS <i>15 Del.</i>	

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) <i>Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several months</i>	
		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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <i>4341</i>	
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 *February*, 1954, to *March 21*, 1955, that I last saw the deceased alive on *March 21*, 1955, and that death occurred at *7:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. E. Lamb</i> (Degree or title)		23b. ADDRESS <i>Glasgow, Mo.</i>		23c. DATE SIGNED <i>3-30-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 30, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>	
				24d. LOCATION (City, town, or county) (State) <i>Glasgow, Mo</i>	

DATE REC'D BY LOCAL REG. <i>3-30-55</i>		REGISTRAR'S SIGNATURE <i>Walker Audsley</i> ADDRESS <i>410</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Audsley</i> ADDRESS <i>Fairmount, Glasgow Mo</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1955

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 *E. D. L. Richmond*

Licensed Embalmer No. *397*

P. O. Address *Glasgow*

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.