

t. Health,  
& Welfare  
S. Public  
h Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022631  
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 5785 Registrar's No. 51

FILED JUL 15 1958

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Long Prairie, Township</b>		c. CITY OR TOWN <b>Rt # 1 Bertrand, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>W. of Bertrand 1 1/2 Miles</b>		STREET ADDRESS (If outside, give location) <b>0670 Dogwood Community</b>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Thomas</b> Last <b>Tollison</b>			4. DATE OF DEATH Month <b>June</b> Day <b>28</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 12, 1923</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Plummersville, Ark</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J..F..Tollison</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean</b>	16. SOCIAL SECURITY NO. <b>488-20-2518</b>	17. INFORMANT <b>J..F..Tollison</b>	Address <b>Rt. # 1 Bertrand, Mo</b>
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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>Broken neck and Internal Injuries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 <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.) <b>Mr. Tollison's Car was hit from rear by a truck driven by James Summers, the car being completely demolished</b>
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT <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.) <b>Highway # 60 E. of Bertrand Bertrand, Miss..</b>	20f. CITY, TOWN, OR LOCATION <b>067</b> COUNTY <b>Mo.</b> STATE
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21. I attended the deceased from **After death as to Coroner** and last saw her alive on \_\_\_\_\_  
Death occurred at **11:10 P. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Eric Mc Mickle</b> <b>Coroner 3</b>	22b. ADDRESS <b>Charleston, Mo.</b>	22c. DATE SIGNED <b>6/30/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/1/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Armer</b>	23d. LOCATION (City, town, or county) (State) <b>S. of Bertrand, Mo.</b>
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24. FUNERAL DIRECTOR <b>Mc Mickle</b>	ADDRESS <b>Charleston, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-3-58</b>	26. REGISTRAR'S SIGNATURE <b>Sorathy B. Hathorn</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed 7-14-58

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 *John McWible*

Licensed Embalmer No. 4696

P. O. Address Charleston, Miss

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.