

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-028160

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cole Camp</u>		c. CITY OR TOWN <u>Cole Camp</u> <u>0680</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>----</u>		d. STREET ADDRESS (If outside, give location) <u>----</u>	
Length of stay in 1b <u>5 Months</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Theodor</u> <u>Frederich</u> <u>Tobaben</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>24th</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 3rd 1922</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Cole Camp Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			13. FATHER'S NAME <u>John Tobaben</u>		
14. MOTHER'S MAIDEN NAME <u>Catherine Harms</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>499-40-3661</u>		17. INFORMANT <u>Rufus Tobaben</u>		Address <u>Cole Camp Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>leukemia</u>			
DUE TO (c) <u>Ca of prostate</u>			
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 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.)		
20c. TIME OF INJURY Hour <u>9:20</u> Month <u>9</u> Day <u>20</u> Year <u>1958</u> a. m. <u>p.</u>					
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		COUNTY STATE

21. I attended the deceased from 4-11-58 to 8-24-58 and last saw her alive on 8-24-58
Death occurred at 9:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John L. Eickhoff</u> (Doctor or title)	22b. ADDRESS <u>Cole Camp Mo</u>	22c. DATE SIGNED <u>8-26-58</u>
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23a. BURIAL, CREMATION, REINTERMENT <u>Buried</u>	23b. DATE <u>Dec 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
24. FUNERAL DIRECTOR <u>E L Eickhoff</u>		ADDRESS <u>Cole Camp</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 26th 1958</u>
			26. REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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. Coroner cannot certify to a death due to natural causes.

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 *Charles F. Fox*.....

Licensed Embalmer No. *46*

P. O. Address *Cole Camp*.....

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.