

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029982
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 349

S. 300
- 1-57
3

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Huntsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR R.R. Track near INSTITUTION Wabash Depot		Length of stay in 1b few min.	d. STREET ADDRESS none

3. NAME OF DECEASED (Type or print) Cordell Tolson			4. DATE OF DEATH Month August Day 30 Year 1958		
---	--	--	--	--	--

5. SEX male	6. COLOR OR RACE negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1930	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wabash Railroad	10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	11. BIRTHPLACE (City and state or country) Huntsville, Missouri	12. CITIZEN OF WHAT COUNTRY? United States
---	---	---	--

13a. FATHER'S NAME Carl Tolson	13b. MOTHER'S MAIDEN NAME Mariah Dameron	14. NAME OF HUSBAND OR WIFE none
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 9-25-51 to 9-24-53	16. SOCIAL SECURITY NO. none	17. INFORMANT Carl Tolson	Address Huntsville, Missouri
--	--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage, Massive		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Traumatic Injuries to Body as a Whole	Instant
	DUE TO (c) 802X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 35		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) Unavoidable accident. Deceased trespassed by sitting on the north rail of the main track. He did not react to signals and engineer saw him when he was approximately 150 feet from him and could not stop the train.
20c. TIME OF INJURY Hour 2:10 a.m. xxx Month, Day, Year 8-30-58	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Trespassing on Wabash R.R. Huntsville

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Huntsville COUNTY Randolph STATE Missouri
--	---

21. I attended the deceased from **2:10 A.M.**, to **2:10 A.M.** and last saw her alive on **8-30-58** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Benj. Dally, Jr., Coroner	(Degree or title) 3	22b. ADDRESS 203 1/2 North Clark, Moberly, Mo.	22c. DATE SIGNED 9/6/58
--	----------------------------	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Huntsville City Cemetery	23d. LOCATION (City, town, or county) (State) Huntsville, Missouri
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR Tom B. Patton	ADDRESS Huntsville	25. DATE RECD. BY LOCAL REG. 9-8-1958	26. REGISTRAR'S SIGNATURE Mary H. Bentley
--	------------------------------	---	---

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

802X
0

SEP 15 1958

OCT 29 1958

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 _____ Signed *Tom B. Patton*
Signature of Student Embalmer

Licensed Embalmer No. 3914
P. O. Address Huntwell

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.