

No. 300  
10.48

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26574  
State File No. 26574

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH. a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HAMILTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HAMILTON (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>12 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>R7D 3# 0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>HAMILTON R7D 3#</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Easter</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Tarter.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 50</u>		
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 29 1898</u>		9. AGE (in years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 6 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Ruben Howser</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Cetus Tarter.</u>		
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cetus Tarter</u> ADDRESS <u>Hamilton Mo.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Hepatitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
		ANTECEDENT CAUSES As for 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.						<u>092X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-18-1950, to 8-19-1950, that I last saw the deceased alive on 8-18-1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>8-19-50</u>	
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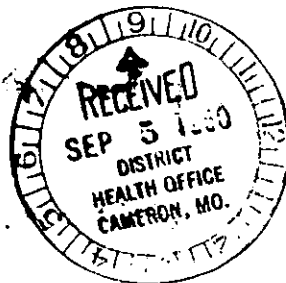
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Mable Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 28-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cameron Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

30  
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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 .....  
Student Embalmer

Signed

*Robert F Poland*

Licensed Embalmer No.

*4777 d*

P. O. Address

*222 West 3rd  
Cameron, Mo.*

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 this body is not embalmed, fact should be so stated above.