

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2014

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) GRANBY		c. CITY (If outside corporate limits, write RURAL and give township) GRANBY	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) COMMUNITY HOSP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) DOCIA b. (Middle) (None) c. (Last) TANNER		4. DATE OF DEATH (Month) (Day) (Year) JAN 7 1949	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 3 1980
9. AGE (In years last birthday) 61		10. MONTHS 10	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GRANBY, MO
12. CITIZENSHIP OF WHAT COUNTRY? USA			
13a. FATHER'S NAME THOMAS BURRESS		13b. MOTHER'S MAIDEN NAME INDIANA DAVIS	14. NAME OF HUSBAND OR WIFE DAVID TANNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) Mrs. Leslie Tanner
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease of the coronary artery DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420	
INTERVAL BETWEEN ONSET AND DEATH 20 minutes		8 mo. 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Mar 21, 1940 , to Jan 7, 1949 , that I last saw the deceased alive on Jan 7, 1949 , and that death occurred at 3:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles O. Chute, D.O.		23b. ADDRESS Granby, Mo.	23c. DATE SIGNED 1-9-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 9 1949	24c. NAME OF CEMETERY OR CREMATORY GRANBY CEM.	24d. LOCATION (City, town, or county) (State) GRANBY MO
DATE REC'D BY LOCAL REG. 1-9-1949	REGISTRAR'S SIGNATURE M. L. Young	25. FUNERAL DIRECTOR'S SIGNATURE 225 Culver Sheumake	ADDRESS Granby, Mo.

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

RECEIVED
 I.D.# 100000
 DATE FILED 6-11-7
 1976
 NEW YORK STATE
 47123401071071

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.

Signed Paul D. Henbest

 Licensed Embalmer No. 4576
 P. O. Address Cassville

 Signed _____
 Student Embalmer

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.