

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4281

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Archie</u>	c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY OR TOWN <u>Archie Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>None.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Alvin</u> b. (Middle) <u>Tumbleson</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>	8. DATE OF BIRTH <u>OCT 12 - 1891</u>
9. AGE (In years last birthday) <u>57</u>		if UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	if UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionery</u>	
11. BIRTHPLACE (State or foreign country) <u>Austin Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>William W. Tumbleson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hoffman</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Swedell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen Tumbleson</u>		ADDRESS <u>Archie</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> -ANTECEDENT CAUSES Morbid 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>4/20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-24</u> , 19 <u>49</u> , to <u>3-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>49</u> , and that death occurred at <u>10³⁰ p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David S. Long MD</u>		23b. ADDRESS <u>Stammonsville Mo</u>	
23c. DATE SIGNED <u>3, 5, 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 7-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Prairie home</u>		24d. LOCATION (City, town, or county) (State) <u>Holdridge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 6-1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Williamson Bros</u> ADDRESS <u>Archie Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

19
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MAY 5 1949

APR 15 1950

FEB 15 1950

NOV 19 1950

1950

MAY 5 1949

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 _____

Bice J. Dickey

Student Embalmer No. *254*

working under my personal supervision.

Signed *Hoyd Harrison*

Signed *Bice J. Dickey*
Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address *Harrisoulls*

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.