

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16850

State File No.

BIRTH NO. <u>16955-49</u>		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>LINCOLN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOLEY - RURAL</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL SPRENG HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>10 MILE WEST OF FOLEY (ELSBERRY) HURRICANE TOWNSHIP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>TANNEHILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31, 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MARCH 16, 1949</u>	
9. AGE (In years last birthday) <u>TWO</u>		IF UNDER: YEAR Months Days <u>15</u>		IF UNDER: HOUR Min. <u>15</u>		11. BIRTHPLACE (State or foreign country) <u>LOUISIANA, MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>BOBBY JOE TANNEHILL</u>		13b. MOTHER'S MAIDEN NAME <u>JESSIE LEE DOWLER</u>		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS <u>BOBBY JOE TANNEHILL, FOLEY, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelitis</u> DUE TO (c) <u>Pyelitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>10 days.</u> <u>10 noon</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>MAY 26, 1949</u> , to <u>MAY 31, 1949</u> , that I last saw the deceased alive on <u>MAY 31, 1949</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>PO BOX LOUISIANA, MO</u>		23c. DATE SIGNED <u>MAY 31, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 1, 1949</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		FUNDRAISER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>ELSBERRY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 6441

Date Filed JUN 8 1949

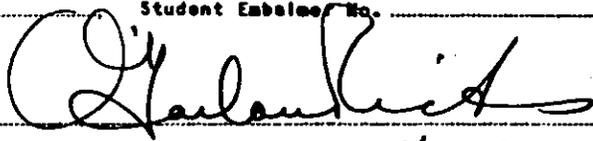
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsbury, 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.