

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23234

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Armstrong</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u> b. (Middle) <u>HUGH</u> c. (Last) <u>TANHEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 - 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 14 - 1865</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 24 HRS <u>3</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Canada</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Mathew Tanhey</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Mann</u>		14. NAME OF HUSBAND OR WIFE <u>Una Tanhey</u>	
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>Una Tanhey - Armstrong</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>			<u>D.K.</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4221</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" 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)		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>9/26, 1947</u> , to <u>7/12, 1949</u> , that I last saw the deceased alive on <u>7/12, 1949</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>O. P. Dwyer M.D.</u>		23b. ADDRESS <u>Huntsville Mo</u>	
23c. DATE SIGNED <u>7/19/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18 - 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green Cent</u>		24d. LOCATION (City, town, or county) (State) <u>City Forest Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 20, 1949</u>		REGISTRAR'S SIGNATURE <u>Walker Chesley 410</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Roberson</u>		ADDRESS <u>Armstrong Mo</u>	

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

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RECEIVED AUG 3

District Health Officer No. 3

District File Number _____

Date Filed 8-12-49

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 H S Peterson

Signed _____
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address Armsburg

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.