

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41749

FILED DEC 19 1949

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>429</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>				d. STREET ADDRESS (If rural, give location) <u>207 Terrace</u>			
3. NAME OF DECEASED (Type or Print) <u>Louis James Tarpein</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 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>April 8, 1879</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>7</u>		11. DAYS <u>23</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor Iron Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			
11. BIRTHPLACE (State or foreign country) <u>Calhoun County Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ben Tarpein</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Louise Tarpein</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>Mrs. Louis James Tarpein</u> ADDRESS <u>Hannibal Missouri</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>chronic cardiac failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>angina pectoris</u>				2 yrs			
DUE TO (c) <u>chronic cardiac</u>				6 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				420			
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)		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-10</u> , 19 <u>49</u> , to <u>12/1</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>12/1/49</u> , 19 <u>49</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Sultzman M.D.</u>		(Degree or title) <u>M.D.F.A.C.S.</u>		23b. ADDRESS <u>115 N. 5th St., Hannibal, Mo</u>		23c. DATE SIGNED <u>12/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-8-49</u>		REGISTRAR'S SIGNATURE <u>J. E. Sultzman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Crawford</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 15 1949
MARION . HEALTH DEPT.
DATE FILED DEC 15 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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed _____

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri 21

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.