

FILED MAR 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4328

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>19 days</u>		d. STREET ADDRESS (If rural, give location) <u>709 Adams</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Levise</u> b. (Middle) <u>S.</u> c. (Last) <u>Tanner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 19 1970</u>
9. AGE (In years last birthday) <u>19</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook/keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob Tanner</u>	13b. MOTHER'S MAIDEN NAME <u>Hermietta Keston</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, per. or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. H. L. Wolf Jefferson City</u>	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic heart dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia, lobart</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
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>Jan 15 1950</u> to <u>May 7 1950</u> , that I last saw the deceased alive on <u>Mar 6 1950</u> and that death occurred at <u>4:20 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>H. W. Maffey</u>		23b. ADDRESS <u>626 Jefferson</u>	23c. DATE SIGNED <u>3-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 9 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 9-1950</u>	REGISTRAR'S SIGNATURE <u>R. P. Harris MD - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. J. ... 700 Jeffum</u>	

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

RECEIVED
MAR 10 1950
District Health Officer No. 9
District File Number

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.

Student
Student Embalmer

Signed J. A. Anderson

Licensed Embalmer No. 5641

P. O. Address June

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.