

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5871

930

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

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 4437		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City		c. LENGTH OF STAY (in this place) 4 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City.		d. STREET ADDRESS (If rural, give location) Town.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lowry City								
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Hooper c. (Last) TATUM			4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1950					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1869		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Work		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George H. Tatum			13b. MOTHER'S MAIDEN NAME Sarah Jones		14. NAME OF HUSBAND OR WIFE Emma E. Tatum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Rennie Tatum ADDRESS Osceola, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia (Broncho-pneumonia) (Acute Pharyngitis) 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.					INTERVAL BETWEEN ONSET AND DEATH 491X	
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) 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 Feb 1, 1950 , to Feb 4, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE C. S. Stratton (Degree or title)				23b. ADDRESS Lowry City		23c. DATE SIGNED 2-6-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Shiloh, Cemetery		24d. LOCATION (City, town, or county) (State) Miller, Missouri.		
DATE REC'D BY LOCAL REG. Feb 5 - 1950		REGISTRAR'S SIGNATURE Ruth Seewers 288		25. FUNERAL DIRECTOR'S SIGNATURE Hutaler-Propp Funeral Home ADDRESS Osceola, Mo.				

RECEIVED

District Health Officer No. 7,

District File Number 1-52-107

Date Filed 2-20-50

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 _____

Charles H. Hutsler Jr.
Charles H. Hutsler Jr.

Licensed Embalmer No. 4629

P. O. Address Oaceola, 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.