

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17157
Registrar's No. 2692

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2600

049

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN 0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>824 CONNOR</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>DAVID</u> c. (Last) <u>TANNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1950</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 19 1957</u>
9. AGE (In years last birthday) <u>92</u>		10. AGE (In years) IF UNDER 1 YEAR IF UNDER 18 HRS. Months Days Hours Min.	
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>Self-employed</u>	
11. BIRTHPLACE (State or foreign country) <u>MATON ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>Mrs John B White</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> 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. <u>none</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)		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>3:30</u> , 19 <u>50</u> , to <u>5:29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 27</u> , 19 <u>50</u> , and that death occurred at <u>12:15 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. L. Hendry, M.D.</u>		23b. ADDRESS <u>410 Jackson, Joplin Mo</u>	
23c. DATE SIGNED <u>5-31-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>	
24b. DATE <u>5/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	
24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SMITH FUNERAL HOME</u>	
DATE REC'D BY LOCAL REG. <u>5-31-50</u>		REGISTRAR'S SIGNATURE <u>Ed. J. ...</u>	
(Licensed Embalmer's Statement on Reverse Side) <u>PITTSBURG KAS</u>			

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

RECEIVED 6-9-50
Jasper County Health Office

County File Number 50-6-453
Date Filed 6-9-50

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 _____

Everest Hicks

working under my personal supervision.

Student Embalmer No. 372

Signed *Ernest A. Hicks*
Student Embalmer

Signed *Walt Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.