

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23005

BIRTH NO.		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 3011		Registrar's No. 180	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton 0171</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIS</u>			b. (Middle) <u>B</u>			c. (Last) <u>TATRO</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 7, 1869</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fruit Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Business</u>			11. BIRTHPLACE (State or foreign country) <u>Lawyer, Mich.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Peter Tatro</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bassett</u>		14. NAME OF HUSBAND OR WIFE <u>Olive Keltner Tatro</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ivan Hale</u> ADDRESS <u>Carrollton Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</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>154X</u>					
19a. DATE OF OPERATION <u>7-22-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>				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) (Min.)		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>1945</u> to <u>July 26, 1950</u> , that I last saw the deceased alive on <u>July 26, 1950</u> , and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. Atwood, M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton, Mo</u>		23c. DATE SIGNED <u>7-27-50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/27/50</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Colver</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0171



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Ben W. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, 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.