No. 300
10.48

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

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2168

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 18

850
1

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IN OWN Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland 0850
d. STREET ADDRESS (If rural, give location): 0 MO

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Albert
c. (Last): Tanner

4. DATE OF DEATH (Month) (Day) (Year): 1 20-51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 13.
9. AGE (In years last birthday): 77. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.: 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Richland
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Joseph Tanner
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Lee
14. NAME OF HUSBAND OR WIFE: Alice Tanner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Alice Tanner
ADDRESS: Richland.

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) Carcinoma of Prostate (Removed) — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate (Removed) — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
177X

19a. DATE OF OPERATION: Jan 8, '51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/19, 1951, *to* 1/20, 1951, *that I last saw the deceased alive on* 1/20, 1951, *and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul C. Koch (Degree or title): M.D.
23b. ADDRESS: Richland Mo
23c. DATE SIGNED: Jan 29 '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/51
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Richland Mo

DATE REC'D BY LOCAL REG.: 1-31-51
REGISTRAR'S SIGNATURE: Thelma C. Buckhorst
25. FUNERAL DIRECTOR'S SIGNATURE: R. Leigh
ADDRESS: Richland

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-31-51
Pulaski County Health Officer
File Number.....
Date Filed 1-31-51

AUG 17 1951

AUG 16 1951

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address Richland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.