

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13609
Registrar's No. 75

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 4436		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY OR TOWN <u>New London</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>New London</u>		1870	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First) <u>B</u>		c. (Last) <u>Tapley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 13 1872</u>	
9. AGE (in years last birthday) <u>79</u>		10. MONTHS <u>3</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Dryden</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Colburn</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Tapley New London 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Occlusion</u> ANTECEDENT CAUSES <u>old age - Park's</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age - Park's</u> DUE TO (c) <u>Myocardial Occlusion</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>593X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 <u>old wife</u> , 19 <u>29</u> , to <u>3-29</u> , 1951, that I last saw the deceased alive on <u>old wife</u> , 19 <u>29</u> , and that death occurred at <u>9:40</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>T. J. A. Moore</u> (Degree or title)				23b. ADDRESS <u>New London Mo</u>		23c. DATE SIGNED <u>4-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Ralls Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 4 1951</u>		REGISTRAR'S SIGNATURE <u>H. G. Waters</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell Hannibal Mo</u>			

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

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Date Received: APR 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-71
Date Filed: APR 12 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 Michael J. O'Donnell

Signed
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.