

FILED OCT 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 36072

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4478		Registrar's No. 89	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY SCHUYLER		b. CITY (If outside corporate limits, write RURAL and give township) LANCASTER		c. CITY (If outside corporate limits, write RURAL and give township) LANCASTER		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First) JAMES		b. (Middle) M		c. (Last) TADLOCK	
4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1951		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 4, 1864		9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) SCHUYLER CO. MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE NOIRA TADLOCK	
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. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NOIRA TADLOCK LANCASTER, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Carcinoma of Stomach					
		DUE TO (c) Senility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151X					
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 10-9, 1951, to 10-12, 1951, that I last saw the deceased alive on 10-12, 1951, and that death occurred at 12:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R.E. Vaughn D.O.				23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 10/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 21, 1951		24c. NAME OF CEMETERY OR CREMATORY IOOF CEM		24d. LOCATION (City, town, or county) (State) LANCASTER, MO	
DATE REC'D BY LOCAL REG. Oct 21-1951		REGISTRAR'S SIGNATURE Guss R. Drake		353		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herrett R. Head Lancaster, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1937
Date Filed: OCT 30 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.