No. 300
10.48

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9524

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 8

890
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1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orrick
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orrick 1890
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print)
a. (First): Denzil
b. (Middle): Eugene
c. (Last): Tarwater

4. DATE OF DEATH (Month) (Day) (Year): March, 20-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 17, 1904
9. AGE (In years last birthday): 48 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Martin Tarwater
13b. MOTHER'S MAIDEN NAME: Blanche Dugan
14. NAME OF HUSBAND OR WIFE: None

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.: 496-26-6456
17. INFORMANT'S SIGNATURE OR NAME: J. M. Tarwater — ADDRESS: Orrick, Mo.

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 peritoneum and intestines — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 153 X
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* 1-10-, 1946, *to* 3-20-, 1952; *that I last saw the deceased alive on* 3-19-, 1952, *and that death occurred at* 4:17 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Virgil E. Rhodes M.D.
23b. ADDRESS: Orrick, Mo.
23c. DATE SIGNED: 3-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23, 52
24c. NAME OF CEMETERY OR CREMATORY: Lewis Cem.
24d. LOCATION (City, town, or county) (State): 4 Mi-N E of Orrick Mo.

DATE REC'D BY LOCAL REG.: 3-22-52
REGISTRAR'S SIGNATURE: Helen J. Larkin 272
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good — ADDRESS: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Can stay with

FEB 26 1953

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 Self working under my personal supervision.

Student Embalmer No. .....

Signed Victor E. Lininger

Signed.....
Student Embalmer

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.

State of Missouri
County of Ray } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 9524-52
Local Registrar's No. 8

On this 19th day of February, 1953, before me appears John R Endicott Jr., who, upon his oath, states that the original record of ~~birth~~ death for Denzil F. Tarwater, ~~born~~ died March 20, 1952, in the State of Missouri, and which was filed at Orrick, Mo. on March 22, 1952, should be corrected as follows:

Item No. 3 should read Denzil Eugene Tarwater

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John R. Endicott Cousin
Relationship.

Orrick Mo
Present Address.

Subscribed and sworn to before me this 19 day of February, 1953.

My Commission expires 3-26-55 Duncan Harris Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
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I X36667