S. No. 300
. 10.48

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12014

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4045 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland
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): Ashland Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland 0100
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mark
b. (Middle): M
c. (Last): Tandy

4. DATE OF DEATH (Month) (Day) (Year): May 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 7 1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 0 — 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:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adrin Tandy
13b. MOTHER'S MAIDEN NAME: Mary Frances Beasley
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Keith Tandy — ADDRESS: Ashland 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) Arteriosclerotic gangrene of leg with generalized toxemia

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4501
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* May 51, 19__, *to* May, 1952, *that I last saw the deceased alive on* Mar 7, 1952, *and that death occurred at* 7:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Le Roy J. Miller M.D.
23b. ADDRESS: Guitar Bldg Columbia Mo.
23c. DATE SIGNED: 9 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-1952
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemt
24d. LOCATION (City, town, or county) (State): Ashland Mo

DATE REC'D BY LOCAL REG.: 5-9-52
REGISTRAR'S SIGNATURE: Mrs Mildred Burnett 27-C
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C. Burnett — ADDRESS: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1952
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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Wm. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, 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.