

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19052  
State File No. ....  
Registrar's No. .... 102

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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

503

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY SEDGWICK	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) TOWN WICHITA 8150	
c. LENGTH OF STAY (in this place) 16 hrs		d. STREET ADDRESS (If rural, give location) 1438 GREENWOOD 8	
d. TOWN NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) DAVID	c. (Last) TATUM	4. DATE OF DEATH (Month) (Day) (Year) MAY 22, 1952
--	-------------------	-------------------	-----------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 20, 1975	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 MIN. Hours	Min.
----------------	---------------------------	---	------------------------------------	---------------------------------------	---------------------------	--------------------------	---------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	-------------------------------------

13a. FATHER'S NAME ALFRED TATUM	13b. MOTHER'S MAIDEN NAME ? LINDSAY	14. NAME OF HUSBAND OR WIFE Gwendora Sheppard
------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME REV. ART WILSON	ADDRESS WICHITA, KANS.
---	----------------------------------	--	---------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>fractured skull with hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH 1 day
	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.  E 8234 32		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bray Ridge Mo. Highway	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Bray Ridge Stoddard Mo
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 21 1952 4:00 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car ran off road & turned over
---	---	--

22. I hereby certify that I attended the deceased from 5-21, 1952, to 5-22, 1952, that I last saw the deceased alive on 5-22, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Dana, M.D.</i>	(Degree or title)	23b. ADDRESS Moberhouse, Mo.	23c. DATE SIGNED 5-22-52
---	-------------------	---------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5/23	24c. NAME OF CEMETERY OR CREMATORY Benton Cem.	24d. LOCATION (City, town, or county) (State) Benton, Mo.
--	-------------------	---	--

DATE REC'D BY LOCAL REG. 5/23/52	REGISTRAR'S SIGNATURE <i>Mrs. Ola Hunter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Orville Taylor - Sedenton, Mo.</i>	ADDRESS
-------------------------------------	---	---	---------

RECEIVED 5-26-52  
SCOTT COUNTY HEALTH CENTER  
OO. FILE NO. 552-152

VS APR 7 1952

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

*E. J. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4695

P. O. Address E. J. Davis, 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.