

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39366

State File No. \_\_\_\_\_

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 184 **PRIMARY REG. DIST. NO.** 3038 **Registrar's No.** 234

**1. PLACE OF DEATH**  
a. COUNTY Linn

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Linn

**3. NAME OF DECEASED**  
a. (First) Sidney b. (Middle) Green c. (Last) Tarter

**4. DATE OF DEATH** (Month) (Day) (Year) Nov 11 1952

**5. SEX** M **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Mar 30 1869 **9. AGE** (In years last birthday) 83 **10. CITIZEN OF WHAT COUNTRY?** USA

**10a. USUAL OCCUPATION** (Give kind of work during most of working life, even if retired) Bridge Carpenter **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (City and State or Foreign Country) Liberty Kentucky **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Wm Marion Tarter **13b. MOTHER'S MAIDEN NAME** Jane Collins **14. NAME OF HUSBAND OR WIFE** Sorella Tarter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, unknown) No **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** Lillian Lou Lindebaugh **ADDRESS** Brookfield

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c).  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Circulatory Failure  
Antecedent Causes:  
DUE TO (b) Cardiac Decompensation (Con-  
gestive failure)  
DUE TO (c) Generalized debility  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
**INTERVAL BETWEEN ONSET AND DEATH**  
7 min.  
5 yrs.  
18 yrs.

**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)**  
Brookfield Linn Mo.

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **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** June 19 52, to Nov. 11 19 52, that I last saw the deceased alive on Nov 11 19 52, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) John W. Whitehead **23b. ADDRESS** Brookfield, Mo. **23c. DATE SIGNED** Nov. 12 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **24b. DATE** Nov. 13 1952 **24c. NAME OF CEMETERY OR CREMATORY** McDaniel Cemetery **24d. LOCATION** (City, town, or county) (State) Camden Mo.

**DATE REC'D BY LOCAL REG.** 11-12-52 **REGISTRAR'S SIGNATURE** Nadine Stambach **25. FUNERAL DIRECTOR'S SIGNATURE** Norma Bowden **ADDRESS** Brookfield Mo.

582  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*James B. McCalland*

Licensed Embalmer No. 4230

P. O. Address Brantford 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.