

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39793**

FILED DEC 5 1952

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 4436		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London		d. STREET ADDRESS (If rural, give location) Rt 3.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home							
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) - c. (Last) Tatum			4. DATE OF DEATH (Month) (Day) (Year) Aug. 30. 52				
5. SEX Male	6. COLOR OR RACE Caucasoid	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11, 1869		9. AGE (in years last birthday) 83	10. MONTHS 5	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? ☒	
13a. FATHER'S NAME John Tatum			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Alice		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Boulter Rt 3 New London 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Acute				INTERVAL BETWEEN ONSET AND DEATH 1 WK			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic DUE TO (c) UNKNOWN				2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None Known			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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)		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 July 31, 1952 to Aug 20, 1952 , that I last saw the deceased alive on Aug. 19, 1952 and that death occurred at 4:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. H. Brooks Jr				23b. ADDRESS New London Mo		23c. DATE SIGNED 8-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-22-52		24c. NAME OF CEMETERY OR CREMATORY Washington Cemetery		24d. LOCATION (City, town, or county) (State) Glencoe Mo	
DATE REC'D BY LOCAL REG. Sept-10-52		REGISTRAR'S SIGNATURE Grace Gonn		25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Hanney		ADDRESS Hannibal Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Hanley

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.