

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45212**

BIRTH NO. _____		REG. DIST. NO. <b>376</b>	PRIMARY REG. DIST. NO. <b>4560</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Norwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Manassah</b> <b>1147</b>		
c. LENGTH OF STAY (in this place) <b>2 years</b>		d. STREET ADDRESS (If rural give location) <b>Manassah</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Millard West Lawn Hospital</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINERVA</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Tarbutton</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>11-16-52</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>11-14-1868</b>	9. AGE (In years last birthday) <b>84</b> If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Wetzel Co. Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>George Gandle</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Krider</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Maie Gandle, Seymour St. 2</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Cerebral Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 d</b>		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <b>331X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Sept</b> , 1951, to <b>11-16</b> , 1952, that I last saw the deceased alive on <b>11-15</b> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Walter D. Newfeld D.O.</b>		23b. ADDRESS <b>202 Manassah</b>		23c. DATE SIGNED <b>12-16-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Manassah Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Manassah, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>12/24/52</b>		REGISTRAR'S SIGNATURE <b>Stan R. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. L. Ferrell</b>
				ADDRESS

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

WRIGHT CO. HEALTH DEPT.  
County File Number 1282-146  
Date Filed 12-31-52

**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 How A Ferrell.....

Licensed Embalmer No. 4847.....

P. O. Address Mansfield, 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.**