

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9492**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 346			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2727 W. State				d. STREET ADDRESS (If rural, give location) 2727 W. State					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) G.		c. (Last) TATUM		4. DATE OF DEATH (Month) (Day) (Year) April 2 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 13 Jan. 1903			
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broom Manufacturer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robert Tatum			13b. MOTHER'S MAIDEN NAME Sarah Mathes			14. NAME OF HUSBAND OR WIFE Freda Tatum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Freda Tatum			ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia					7 yrs.		
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		2041			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 1952 , to Apr 2, 1953 , that I last saw the deceased alive on Apr 2, 1953 , and that death occurred at 8:00P m. , from the causes and on the date stated above.									
23a. SIGNATURE James T. Ford				23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 4-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5 Apr. 1953		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Mo.			
DATE REC'D BY LOCAL REG. 4-4-53		REGISTRAR'S SIGNATURE Earl Williamson Reg.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. SPRINGFIELD, MO.				

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

396
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500D

JUL 2 1983

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

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.