No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15341

FILED APR 21 1953

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Orrick
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Five mi N of Orrick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Orrick 0890
d. STREET ADDRESS (If rural, give location): 5 mi N of Orrick

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLEN
c. (Last): TARWATER

4. DATE OF DEATH (Month) (Day) (Year): april 16, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Jan. 22, 1878
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James A. McKee
13b. MOTHER'S MAIDEN NAME: Sarah F. O'Dell
14. NAME OF HUSBAND ~~OR WIFE~~: James R. Tarwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Vernon Tarwater | **ADDRESS**: Orrick

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchogenic Carcinoma R4. a metastasis to long bones — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 162X
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) m.:
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, 1942, *to* Apr. 16, 1953, *that I last saw the deceased alive on* Apr. 10, 1953, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jesse W. Hudson (Degree or title): MD
23b. ADDRESS: Liberty, Mo
23c. DATE SIGNED: 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-53
24c. NAME OF CEMETERY OR CREMATORY: O'Dell Cemetery
24d. LOCATION (City, town, or county) (State): Ray Co. Mo.

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Helen J. Larkin
25. FUNERAL DIRECTOR'S SIGNATURE: Good-Bailey | **ADDRESS**: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Ozark, 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.