

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27565**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. No. **879** PRIMARY REG. DIST. No. **4553** Registrar's No. **46**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 1140
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1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Norwood Rural)		c. LENGTH OF STAY (In this place) 18 Mon.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Diltz Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mansfield 1140	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) ANN c. (Last) Tarbutton			4. DATE OF DEATH (Month) (Day) (Year) July 24 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JUNE 14 1869
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Wells		13b. MOTHER'S MAIDEN NAME Margaret Jones	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Clyde Tarbutton		ADDRESS Mansfield 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) Congestive Heart Disease 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 4341	
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)			
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 June 15, 1953, to July 24, 1953 , that I last saw the deceased alive on July 23, 1953 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. W. Slattery M.D.		23b. ADDRESS Mrs. Gene No.	
23c. DATE SIGNED 7/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 26 1953	
24c. NAME OF CEMETERY OR CREMATORY Mansfield		24d. LOCATION (City, town, or county) (State) Mansfield MO.	
DATE REC'D BY LOCAL REG. 8-1-53		REGISTRAR'S SIGNATURE Max J. Miller	
25. FUNERAL DIRECTOR'S SIGNATURE Max J. Miller		ADDRESS Mansfield Mo.	

RECEIVED AUG 4 1953
WRIGHT CO. HEALTH DEPT.
County File Number 853-105
Date Filed 8-8-53

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 J Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manfield, 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.