

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32353**

BIRTH NO. _____ REG. DIST. NO. **395** PRIMARY REG. DIST. NO. **3039** Registrar's No. **527**

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) Marceline		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) Brookfield		d. STREET ADDRESS (If rural, give location) 0582 435 Peck
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) BELLA c. (Last) TARPENING			4. DATE OF DEATH (Month) (Day) (Year) Sept-4-1953		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr-2-1875		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ringo Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Thomas E. Walker		13b. MOTHER'S MAIDEN NAME Mary B. Brooks		14. NAME OF HUSBAND OR WIFE L. H. Tarpening			
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Tarpening Brookfield Mo			
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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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Dis					
		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 337-X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **1953** to **9-4**, 1953 that I last saw the deceased alive on **9-3**, 1953 and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. S. ... M.D.		23b. ADDRESS Marceline, Mo		23c. DATE SIGNED 9-4-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-6-1953		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem		24d. LOCATION (City, town, or county) (State) Brookfield Mo	
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DATE REC'D BY LOCAL REG. 9-4-53		REGISTRAR'S SIGNATURE Ernest Tarpening		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Blacklock Brookfield Mo	
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(Licensed Embalmers' Statement on Reverse Side)

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

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 *J. H. Blacklock* _____

Licensed Embalmer No. *2246* _____

P. O. Address *Brookfield 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.