THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34911

FILED OCT 26 1953 68231

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 340

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 5½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Crim Smith Mem. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox 0520
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle):
c. (Last): Tarpein

4. DATE OF DEATH (Month) (Day) (Year): Oct 18 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 18, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 5 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Kirksville Mo
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: James Franklin Tarpein
13b. MOTHER'S MAIDEN NAME: Lela Mae Walker
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Mr. J. F. Tarpein
ADDRESS: Knox City

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): Congenital atelactasis — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Newborn
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: 7620
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* Oct 18, 1953, *to* Oct 18, 1953, *that I last saw the deceased alive on* Oct 18, 1953, *and that death occurred at* 2:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. Shimp M.D.
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: Oct 18, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 18-53
24c. NAME OF CEMETERY OR CREMATORY: Knox City Cemetery
24d. LOCATION (City, town, or county) (State): Knox City MO

DATE REC'D BY LOCAL REG.: 10-23-53
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: A. J. Seeger
ADDRESS: Knox City MO

(Licensed Embalmer's 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. Not Embalmed

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.