

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38425

State File No. _____

FILED NOV 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>381</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kans. City, Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>4yrs</u>		c. CITY OR TOWN <u>Kans. City,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>				e. STREET ADDRESS (If rural, give location) <u>2629 Agnes St</u> <u>3378</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Tanihara</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Japanese</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mch 29, 1910</u>		9. AGE (In years last birthday) <u>43</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>D. K.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calif. (Florin)</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>D. K.</u>			13b. MOTHER'S MAIDEN NAME <u>D. K.</u>			14. NAME OF HUSBAND OR WIFE <u>Flora Mitsue Tanihara</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Think so</u>		16. SOCIAL SECURITY NO. <u>D.K.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>Hospital records</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tabo- ræsis Acute Purulent pericarditis</u> ANTECEDENT CAUSES <u>Syphilis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Optic atrophy</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>D.K.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" 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) <u>025X</u>					
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 <u>He had contagious treatment</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1</u> p. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M J Miller M.D.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>State Hospital No 1</u>			23c. DATE SIGNED <u>11-14-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.K.</u>		24d. LOCATION (City, town, or county) (State) <u>STOCKTON CALIFORNIA</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 21-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Morgan Funeral Home Fulton Mo</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

2

NOV 30 1958

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.....
Signature of Student Embalmer

Signed *Gay A. Stewart*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fulton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.