

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42362**

BIRTH NO. <b>FILED DEC 22 1953</b>		REG. DIST. NO. <b>71</b>	PRIMARY REG. DIST. NO. <b>3012</b>	Registrar's No. <b>149</b>
1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>EXCELSIOR SPRINGS</b>		
c. LENGTH OF STAY (In this place) <b>all life</b>		d. STREET ADDRESS (If rural, give location) <b>Williams St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Williams St.</b>		e. STREET ADDRESS (If rural, give location) <b>Williams St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>TARWATERS</b>		c. (Last) <b>TARWATERS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 4, 1953</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar 26, 1885</b>	9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming &amp; Rock Quarry</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ray County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jake Tarwaters</b>		13b. MOTHER'S MAIDEN NAME <b>Marinda Mills</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Sharp Tarwaters</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-12-5079</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dora Jane Tarwaters</b>
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) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>asthma</b> DUE TO (c) <b>severe cold</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>  <b>sev. days</b>  <b>years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <b>Dec 3, 1953</b> , to <b>Dec 4, 1953</b> , that I last saw the deceased alive on <b>Dec 3, 1953</b> , and that death occurred at <b>2:30pm.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>M.D. Welesia</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>12/9/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 6/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Clay County Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Virgil Hope</b>		
DATE REC'D BY LOCAL REG. <b>12/7/53</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		ADDRESS <b>Excelsior Springs, Mo.</b>

(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.

Student .....

Student Embalmer

Signed.....

*Chas Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Eggleston Springs*

**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.