No. 300
10.48

730
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3585

State File No.

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Benton Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY: Unknown
c. CITY OR TOWN: Pulaski
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R.F.D. # 3. 8418

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): G.
c. (Last): Tarpley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 25 Apr. 1925
9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (City and State or Foreign Country): Pulaski Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tommie Tarpley
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Army Service Record, Camp Crowder

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) Fractures, Skull Muptiple — 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) Crushing injuries to skull — 1 Min.

DUE TO (c) Automobile Accident

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: 023
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 71
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Newton County Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb19,1954 2:15P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from _____ 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carley Thompson Jr. Coroner
23b. ADDRESS: Neosho Missouri
23c. DATE SIGNED: 2/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-22-1954
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Pulaski Tenn.

DATE REC'D BY LOCAL REG.: 2-22-54
REGISTRAR'S SIGNATURE: Melvin C. Boorman 223-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Carley Thompson Jr. Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 354-30

Date Filed MAR 4 1954

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bailey Thompson Jr.

Licensed Embalmer No. 48

P. O. Address Neosho,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.