

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8183**

**FILED MAR 25 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 North Jackson</b>		d. STREET ADDRESS (If rural, give location) <b>203 North Jackson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernie</b> b. (Middle) <b>Harris</b> c. (Last) <b>Tatum</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1954</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>Sept. 11, 1893</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>accounting</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kennett, Missouri</b>	
13a. FATHER'S NAME <b>James F. Tatum</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie Bragg</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Walker Tatum</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>498-10-1457</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jim Farmer</b>		ADDRESS <b>Kennett, Mo.</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			19. INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Renal Disease</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	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)	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 **June 1952** to **March 1954**, that I last saw the deceased alive on **March 1954**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James F. Tatum</b>	(Degree or title)	23b. ADDRESS <b>Kennett, Mo</b>	23c. DATE SIGNED <b>3-22-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>

DATE REC'D BY LOCAL REG. <b>3-23-54</b>	REGISTRAR'S SIGNATURE <b>Earl Hubbard</b>	52. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Balaban</b>	ADDRESS <b>Kennett, Mo</b>
---	---	--	----------------------------

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

No. 300  
10-48

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 3-24-54  
COUNTY FILE NUMBER 354-2

APR 1 1954

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

*Lyman R. Cunningham*

Student Embalmer No. 503

working under my personal supervision.

Student *Lyman R. Cunningham*  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2556

P. O. Address *Linnett, 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.