

3774

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

State File No.

FILED MAR 9 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Wyoming</u> b. COUNTY <u>?</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Casper</u>	
c. LENGTH OF STAY (in this place)		8490	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413-W-Illinois</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUTHER</u>	b. (Middle) <u>MELVIN</u>	c. (Last) <u>TARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1955</u>
--	--------------------------	---------------------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 27, 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-----------------------	----------------------------------	--	---	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ranching</u>	11. BIRTHPLACE (State or foreign country) <u>Schuylert County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Sovern Tarr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Masterson</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Inez Tarr, 413-W-Illinois-Kirksville</u>	ADDRESS <u>-----</u>
---	-------------------------------------	--	-------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxia</u>		<u>1-9-55 to</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>2-24-55</u>
	DUE TO (b) <u>Pulmonary Heart disease</u>		
	DUE TO (c) <u>Chronic ankyrotic Bronchitis with Emphysema.</u>		
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 <u>241 X</u>	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) (Min.)	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 Jan 19, 1955, to Feb 24, 1955, that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 2:08 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. Brown M.D.</u>	23b. ADDRESS <u>Kirksville Mo.</u>	23c. DATE SIGNED <u>2-24-55</u>
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tarr Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Schuyler County, Missouri</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-1-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	ADDRESS <u>Kirksville, Mo.</u>
---	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0013

1

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.