

Dr. Enloe

STANDARD CERTIFICATE OF DEATH

State File No. 644

FILED MAR 28 1955

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole				
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) byrs		c. CITY OR TOWN Jefferson City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 936 Moreau Drive				
3. NAME OF DECEASED (Type or Print) a. (First) Carrie			b. (Middle) Elder		c. (Last) Tavenner		4. DATE OF DEATH (Month) (Day) (Year) March 20 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Aug-27-1877		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Cass County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Phillip Longnecker			13b. MOTHER'S MAIDEN NAME Louise Elder		14. NAME OF HUSBAND OR WIFE George Tavenner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.E. Longnecker, Jefferson City, Mo				
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) Cholangitis, acute, suppurative 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. 584X						INTERVAL BETWEEN ONSET AND DEATH 3 mo	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2/4/55. Cholecystitis Cholelithiasis						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)				
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 1/24, 1955, to 3/20, 1955, that I last saw the deceased alive on 3/20/55, 19, and that death occurred at 6:30 p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Edward Elder M.D.</i>				23b. ADDRESS Harrison City, Mo		23c. DATE SIGNED 7/21/55		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar-22-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Missouri				
DATE REC'D BY LOCAL REG. March 21-55	REGISTRAR'S SIGNATURE <i>R.P. Davis</i>		F. FUNERAL DIRECTOR'S SIGNATURE <i>Ray J. Ford</i>		ADDRESS Jefferson City, Mo			

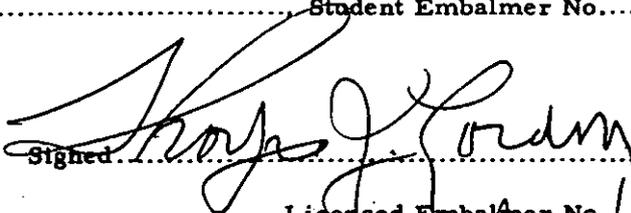
(Licensed Embalmer's Statement on Reverse Side)

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

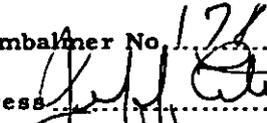
STATEMENT BY LICENSED EMBALMER

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
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 126

P. O. Address 

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.