

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>OKLA</u> b. COUNTY <u>TULSA</u> c. CITY OR TOWN <u>Tulsa, OKLA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Van Buren</u>		c. LENGTH OF STAY (If this place) <u>1 day</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles West of Pierce City, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) _____ c. (Last) <u>TRANTHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Last birthday) (Month) (Day) (Year) <u>Aug. 5-1902 5 2 7 19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>ARK.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL TRANTHAM wife</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) <u>N</u>	16. SOCIAL SECURITY NO. <u>44-01-9236</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Trantham Tulsa Okla</u>
		ADDRESS _____

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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Amnestic</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown probably Coronary occlusion</u>		
	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) <u>4201</u>
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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Moon</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>3-20-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>
24d. LOCATION (City, town, or county) (State) <u>TULSA, OKLA.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 23, 55</u>	REGISTRAR'S SIGNATURE <u>M. H. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Bros Pierce City, Mo</u> ADDRESS _____

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 455-61
Date Filed 4-5-55

NEOSHO, MISSOURI

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, ~~on~~ by Edwin Wilks Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 415
P. O. Address Pierce City

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.