

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 27 1955

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 21

039

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex		c. LENGTH OF STAY (In this place) 45 years	c. CITY OR TOWN Essex
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1030	

3. NAME OF DECEASED (Type or Print) a. (First) Edmond b. (Middle) Watson c. (Last) Tarpley			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 7, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Sumner, Ill.		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Tarpley	13b. MOTHER'S MAIDEN NAME Helen Huron	14. NAME OF HUSBAND OR WIFE Lizzie Tarpley
--	--	---

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. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Lizzie Tarpley ADDRESS Essex, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carnary Bacteremia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis 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 4201.	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) m.	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 April 1955, to Sept 23, 1955, that I last saw the deceased alive on 9-23, 1955, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. S. Davis M.D.	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 9-24-55
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-25-55	24c. NAME OF CEMETERY OR CREMATORY Essex cemetery	24d. LOCATION (City, town, or county) (State) Essex, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 9-26-55	REGISTRAR'S SIGNATURE Lewis E. Maaney	25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons ADDRESS Dexter, Mo.
---	--	---

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 *Marsh Watkins*.....

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.