.300
.48

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

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12990

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 409 B

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Miller
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. 0559

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Virgil
c. (Last): Tarter

4. DATE OF DEATH (Month) (Day) (Year): 4-26-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-25-1889
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 8 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lawrence Co.
12. CITIZEN OF WHAT COUNTRY? Native

13a. FATHER'S NAME: Seard Tarter
13b. MOTHER'S MAIDEN NAME: Susan Peterson
14. NAME OF ~~HUSBAND OR~~ WIFE: Maude B Tarter Miller Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maude B. Tarter — ADDRESS: Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Arteriosclerotic Heart Disease~~ — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma, multiple
DUE TO (c) Primary probably of colon

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: See above 153x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* May 54, 19___, *to* 26 April, 1956, *that I last saw the deceased alive on* 26 April, 1956, *and that death occurred at* 1:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley S. Peterson MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 1 May 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-1956
24c. NAME OF CEMETERY OR CREMATORY: Stahl Cemetery
24d. LOCATION (City, town, or county) (State): S.W. of Miller Mo.

DATE REC'D BY LOCAL REG.: 5-3-56
REGISTRAR'S SIGNATURE: Erich Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Leimon — ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. B. Leimar

Licensed Embalmer No. 3292

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.