

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15829**
Registrar's No. **33**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka,		c. CITY OR TOWN Memphis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 22 Months		e. STREET ADDRESS (If rural, give location) 0947	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mitchell Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Belle c. (Last) Tennant			4. DATE OF DEATH May 9, 1956 (Month) (Day) (Year)		
5. SEX f	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 16, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Hudson Rice		13b. MOTHER'S MAIDEN NAME Francessa Oliver		14. NAME OF HUSBAND OR WIFE John L. Tennant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ethel Mustoe ADDRESS Memphis Missouri, 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) Congestive heart failure ANTECEDENT CAUSES myocarditis As for 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.		INTERVAL BETWEEN ONSET AND DEATH 2 days yes	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 4222 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Oct 1, 1955** to **May 9, 1956** that I last saw the deceased alive on **May 8, 1956** and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perry S. Barton D.O.		23b. ADDRESS Kahoka, Mo.		23c. DATE SIGNED 5-11-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Conyers, Cemetery	
				24d. LOCATION (City, town, or county) (State) Scotland county, Missouri	

DATE REC'D BY LOCAL REG. 5/14-56		REGISTRAR'S SIGNATURE J.A. Deegan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geeth Bucklett Memphis	
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(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.....
Fred Guth

Licensed Embalmer No. *4*

P. O. Address *Memph*

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.