Health, Welfare Public Service

300
1-56

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All 2 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31529
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Granby 0730 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: Hardin Last: Tanner

4. DATE OF DEATH Month 9 Day 30 Year 1956

5. SEX Mal
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 6-15-1895
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lime Quarry
11. BIRTHPLACE (City and state or country) McDonald County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joe Tanner
14. MOTHER'S MAIDEN NAME Martha Ann Cossell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-10-6356
17. INFORMANT Mrs. Alta Tanner Granby, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC GLOMERULONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 592X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOV 1955 to 30 SEPT 56 and last saw her/him alive on 28 SEPT 56
Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Dayton M.D. (Degree or title)
22b. ADDRESS Neosho Mo.
22c. DATE SIGNED 1 Oct 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-1-1956
23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Ceme.
23d. LOCATION (City, town, or county) Granby, Missouri (State)

24. FUNERAL DIRECTOR Floyd E. Skornick ADDRESS Granby Mo
25. DATE RECD. BY LOCAL REG. Oct. 10, 1956
26. REGISTRAR'S SIGNATURE M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. I Newton
District File Number 1056-167
Date Filed OCT 11 1956

JUL 2 1962

OCT 18 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd E. Stewart Jr.

Licensed Embalmer No. 49

P. O. Address Box 55 Glendale

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