

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2193**

No. 300
10.48

FILED FEB 14 1957

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Hayti	c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Wardell	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 Pemiscot County Hospital		e. STREET ADDRESS (If rural, give location) Rural Route 1	

3. NAME OF DECEASED (Type or Print)
a. (First) **Martin** b. (Middle) **Alexander** c. (Last) **Tanner**

4: DATE OF DEATH (Month) (Day) (Year)
Jan. 27, 1957

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov. 17, 1866** 9. AGE (In years last birthday) **90** Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and State or Foreign Country)
Tennessee

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME **Floyd Tanner** 13b. MOTHER'S MAIDEN NAME **Eliza Gaba** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **X**

16. SOCIAL SECURITY NO. **X**

17. INFORMANT'S SIGNATURE OR NAME **Beulah Montgomery Wardell, Mo.** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

ANTECEDENT CAUSES (b) **Chronic pyelonephritis 6 days**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Senility**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **491X** 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) (Min) _____ 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 **5/29 1956**, to **1/27 1957**, that I last saw the deceased alive on **1/27 1957**, and that death occurred at **10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Daniel R. Haulsey MD** 23b. ADDRESS **Box 296 Wardell** 23c. DATE SIGNED **1/31/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-29-57** 24c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 24d. LOCATION (City, town, or county) (State) **Portageville, Mo.**

DATE REC'D BY LOCAL REG. **2-2-57** REGISTRAR'S SIGNATURE **John H. German** 25. FUNERAL DIRECTOR'S SIGNATURE **Osburn Funeral Home, Wardell, Mo.** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

406

2-43-57

FEB 13 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, 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..... *James G. Sabum*

Licensed Embalmer No. 4185

P. O. Address..... Wardell, 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.