

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5672

State File No.

FILED MAR 5 1957

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Thayer, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gatewood, Missouri</u> <u>0910</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Rt. # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Etta</u>		b. (Middle) <u>Tanner</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>1-9-1888</u>
9. AGE (In years last birthday) <u>69</u>		10. AGE (In years last birthday) Months Days Hours Min. <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Monroe Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Shanks</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Tanner (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Christian-Thayer, Mo.</u>		ADDRESS	
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) <u>Hemiplegia - Right Side</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>4 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	
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) <u>334X</u> <u>0</u>			
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 <u>2-10-</u> 19 <u>57</u> , to <u>2-19</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>57</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur Wolf</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Thayer Mo.</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-21-1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Libert Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-25-1957</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. H. Nabb</u>		ADDRESS <u>Pocahontas Ark</u>	

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

1957 JAN 21

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

Student Embalmer

Signed *M. C. McNeill*

Licensed Embalmer No. *680*

P. O. Address *Peabody Ark*

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 this body is not embalmed, fact should be so stated above.