THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021231
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 68 Primary Registration District No. 0266 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Christian

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural, Finley Twsp. — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in Ib: 25 Y rs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Christian

c. CITY OR TOWN: Finley Twsp. 0220 0 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): At Home — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Thomas Middle: Isiah Last: Tennis

4. DATE OF DEATH (Month, Day, Year): June 29, 1958

5. SEX: Male D

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Mar. 30, 1888

9. AGE (In years last birthday): 70 — 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): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Addison Tennis

14. MOTHER'S MAIDEN NAME: Sarah Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 493-14-1219

17. INFORMANT: Miss Dorris Tennis, Ozark, Mo. (Address)

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL YEARS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): MACROCYTIC ANEMIA, NOT PERNICIOUS ANEMIA TYPE

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 10-19-55 to 6-29-58 and last saw her (him) alive on 5-24-58
Death occurred at 9:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Glenn O. Turner (Degree or title) M.D. 0

22b. ADDRESS: 609 Cherry-Springfield, Mo.

22c. DATE SIGNED: 7-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 2, 58

23c. NAME OF CEMETERY OR CREMATORY: Selmore Cemetery

23d. LOCATION (City, town, or county) (State): Christian Co, Missouri

24. FUNERAL DIRECTOR: T. B. Chaffin ADDRESS: Ozark, Mo.

25. DATE RECD. BY LOCAL REG.: July 12, 1958

26. REGISTRAR'S SIGNATURE: Loretta Leonard

(Licensed Embalmer's Statement on Reverse Side)

Death, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All 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

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2

P. O. Address Ozark

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.