

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021682

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bethany</u> 04110		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			Length of stay in 1b <u>10 years</u>		d. STREET ADDRESS (If outside, give location) <u>1711 Vandivert</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Jane</u> Last <u>Tennant</u>				4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1958</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 16, 1876</u>		9. AGE (In years last birthday) <u>81</u>	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) <u>HOUSE KEEPER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Edward Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Claytor</u>			14. NAME OF HUSBAND OR WIFE <u>James M. Tennant</u> <sup>Deceased</sup>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>489-36-4242</u>		17. INFORMANT <u>Mrs Nora Taber</u>		Address <u>Bethany, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gangrene of Right Foot</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Generalized Arteriosclerosis</u>		DUE TO (c) <u>Advanced Senility</u>		4501		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <u>June 10, 1957</u> to <u>June 11, 1958</u> and last saw her alive on <u>June 11, 1958</u> Death occurred at <u>5:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>G. H. Hoeger</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>Bethany, Mo.</u>			22c. DATE SIGNED <u>6-13-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove Cemetery</u>		23d. LOCATION (City, town, or country) <u>Harrison County</u>		(State) <u>Missouri</u>		
24. FUNERAL DIRECTOR <u>W. George Roth</u>			ADDRESS <u>Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-13-1958</u>		26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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FILE

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 *William George Noble* .....

Licensed Embalmer No. 4987 .....

P. O. Address Bethany, 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.