

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035685  
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fulton</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Hospital #1</b>		Length of stay in lb <b>3yr. 3mo</b>	d. STREET ADDRESS (If outside, give location) <b>0143 Unknown</b>
3. NAME OF DECEASED (Type or print) First <b>Lura</b> Middle Last <b>Tackett</b>		4. DATE OF DEATH Month <b>10</b> - Day <b>16</b> - Year <b>58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/14/1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (In years, birthday) <b>79</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>R.G. Anthony</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>Thomas Tackett</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>Unknown</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>St. Hospital No. 1, Fulton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Cerebrovascular Accident</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic brain syndrome with cerebral arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 days</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>St. Hosp</b>		20f. COUNTY STATE <b>FULTON - Mo</b>	
21. Attended the deceased from <b>July 8, 1955</b> to <b>10-16-58</b> and last saw her <b>10-16-58</b> Death occurred at <b>9:35 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Erwin Leonhardt, M.D.</b> (Degree or title) <b>St. Hospital #1</b>	
22b. ADDRESS <b>FULTON - Mo</b>		22c. DATE SIGNED <b>10/16/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 18-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Boydsville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Rural Callaway Co Mo</b>	
24. FUNERAL DIRECTOR <b>Maupin, Glen</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 18-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 16 1961

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 *J. J. Ross* .....

Licensed Embalmer No. *2555* .....

P. O. Address *Fullerton* .....

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.