

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013862
State File No.

FILED APR 16 1959

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HEMATITE</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>FESTUS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO PAC R.R. TRACKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>R 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eddie</u>	b. (Middle) <u>L.</u>	c. (Last) <u>TATHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR 6 1959</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR 10 1905</u>	9. AGE (in years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CHEMICAL PLANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SUMNER MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>WILLIAM TATHAM</u>	13b. MOTHER'S MAIDEN NAME <u>NETTIE NOEL</u>	14. NAME OF HUSBAND OR WIFE <u>EDITH TATHAM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EDITH TATHAM</u> ADDRESS <u>R 2 FESTUS, MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>multiple fractures</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>802X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>35</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RAIL ROAD</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valle JEFF MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-6-59 1:05 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>pedestrian - train accident</u>
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22. I hereby certify that I attended the deceased from CORONER'S OFFICE, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>[Signature]</u>	23c. DATE SIGNED <u>4/7/59</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BORIAL</u>	24b. DATE <u>APR 9 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STE GENEVIEVE</u>	24d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>
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DATE REC'D BY LOCAL REG. <u>4/8/59</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN FUNERAL HOME</u> ADDRESS <u>DESOTO, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1959

VS APR 21 1959

MAY 7 1959

DATE RECEIVED
APR 11 1959

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 *Daniel J. Mal...*

Licensed Embalmer No. *43*

P. O. Address *Delto 4*

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.