URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-039486
STATE FILE NUMBER

IENDED

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 59-88

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: So Morgan Twp
Length of stay in Ib: ida
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2mi. East Dadeville
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN: Dadeville Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Dadeville Mo
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Claude Middle: Last: Tarrant
4. DATE OF DEATH: Month nov Day 23 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 23 1873
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months 9 Days 0
IF UNDER 24 HR: 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: Farming
11. BIRTHPLACE (City and state or country): Dadeville Mo
12. CITIZEN OF WHAT COUNTRY: usa
13a. FATHER'S NAME: J.C.Tarrant
13b. MOTHER'S MAIDEN NAME: Marceretta Morgan
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Blanche Smith Address: Dadeville Mo

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): Probably Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Investiga ted by W.R. Allison ,Coroner)
DUE TO (c): (Da de,Co.. Mo.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): probably Due to over exertion,while bird hunting
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. ~~Attended the deceased from~~ Unattended by to Physician ~~and last saw him alive on~~
Death occurred at Approximately 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. C. Canada Local Registrar
22b. ADDRESS: Greenfield Mo.
22c. DATE SIGNED: 11/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 27 1959
23c. NAME OF CEMETERY OR CREMATORY: Rice
23d. LOCATION (City, town, or county) (State): Dade Co Mo.
24. FUNERAL DIRECTOR ADDRESS: Allison Funeral Home Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 11/30/1959
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W.R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.