URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 043230

STATE FILE NUMBER

FILED VS JAN - 7 1960

Registration District No. 2 Primary Registration District No. 5012 Registrar's No. 71

ENDED

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Empire — Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route.#1,Union Star, — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Ninian Middle Thomas Last Tannehill

4. DATE OF DEATH Month Dec. Day 22 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May.2,77
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Andrew, Mo.,
12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Leota Tannehill

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. —
17. INFORMANT Emmitt Tannehill, Address Union Star,Mo.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease with congestive failure — INTERVAL BETWEEN ONSET AND DEATH 10 years 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteo-arthritis
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. I attended the deceased from 9-15-56, to 12-22-59 and last saw him alive on 12-10-59
Death occurred at 4:00 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Warren O Baker M.D.
22b. ADDRESS Savannah, Missouri
22c. DATE SIGNED 12-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec.24/59
23c. NAME OF CEMETERY OR CREMATORY Weatherman
23d. LOCATION (City, town, or county) Guilford (State) Missouri

24. FUNERAL DIRECTOR Roland D Clark ADDRESS King City, Mo.
25. DATE RECD. BY LOCAL REG. 12-28-59
26. REGISTRAR'S SIGNATURE Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 Roland D Clark

Signature of Student Embalmer

Licensed Embalmer No. 4477

P. O. Address King City M

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.