

URIAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED 15 JAN 11 1960

ENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3521 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hazelwood, Missouri	Length of stay in 1b 2 hrs.	c. CITY OR TOWN Richland, Missouri	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hazelwood, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. # 2 Box 125

3. NAME OF DECEASED (Type or print) First Virgil Middle William Last Tanner.	4. DATE OF DEATH Month December Day 29, Year 1959
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5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/14/1906	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Work.	10b. KIND OF BUSINESS OR INDUSTRY Lincoln & Mercury Plant.	11. BIRTHPLACE (City and state or country) Michland, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Tanner.	13b. MOTHER'S MAIDEN NAME Anna Mae. Manes.	14. NAME OF HUSBAND OR WIFE Alta Tanner.
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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) No	16. SOCIAL SECURITY NO. 333-03-5619	17. INFORMANT Mrs. Alta Tanner Richland, Mo. Rt #2	Address Box 125
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary artery disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
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21. I attended the deceased from Sept 5 Yes to _____ and last saw her/him alive on 12-19-59 Death occurred at Age 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (D, M, or title) [Signature] D.O.	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 12/30/59
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23a. PREPARATION Funeral	23b. DATE 12/2/1960	23c. NAME OF CEMETERY OR CREMATORY Ideuma Cemetery	23d. LOCATION (City, town, or county) (State) Richland, Missouri
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24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 31 1959	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarna Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Md

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.