

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1960

60-000411

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 54

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph		d. STREET ADDRESS 2421 Francis St.	
Length of stay in 1b 1 year 6 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JESSIE TARR				4. DATE OF DEATH Month January Day 12 Year 1960			
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 21, 1878	
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Register Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME V. L. LaBier		13b. MOTHER'S MAIDEN NAME Hettie E. Wade		14. NAME OF HUSBAND OR WIFE H. E. Tarr			
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. none		17. INFORMANT Address Mrs. D. Saxton, 2421 Francis, St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Thrombosis						24 hrs	
DUE TO (b) Cerebral Arteriosclerosis						3 yrs	
DUE TO (c) Arteriosclerosis						unknown	
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	
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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year							
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	
21. I attended the deceased from Aug 18, 1958 to Jan 12, 1960 and last saw her alive on Jan 12, 1960 Death occurred at 5:15p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Thomas E. Waggoner M.D.</i> (Degree or title)		22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri		22c. DATE SIGNED 1/14/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1/13/1960		23c. NAME OF CEMETERY OR CREMATORY Nevada, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Heaton Bowman, ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 15, 1960		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>			

DOCUMENT

S.E. Waggoner, 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 William Gueling

Licensed Embalmer No. 4575

P. O. Address St. Joseph 44

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