

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011844

FILED VS APR 5 1960

218

Primary Registration District No. 4330

Registrar's No. 11

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY MISSISSIPPI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MISSI.											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST PRAIRIE, MO.		Length of stay in 1b 50		c. CITY OR TOWN EAST PRAIRIE, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EAST PRAIRIE, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS P.O. BOX 173		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) WILLIAM PERRY TANKSLEY				4. DATE OF DEATH Month 3 Day 1 Year 1960											
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 9-19-92		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER				11. BIRTHPLACE (City and state or country) NEW MADRID COUNTY, MO. U.S.A.				12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME W.M. TANKSLEY				13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH PEELER				14. NAME OF HUSBAND OR WIFE DELIA ROSE TANKSLEY							
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. UNKNOWN				17. INFORMANT SAM TANKSLEY Address EAST PRAIRIE, 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) Pulmonary Edema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Failure. DUE TO (c) Parkinson's Disease.										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 48 hrs yro.					
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 a.m. p.m.		Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7/29/60 to 3/1/60 and last saw her alive on 2/29/60 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Wm J. Jones M.D.						22b. ADDRESS East Prairie Mo				22c. DATE SIGNED 3/26/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-3-60		23c. NAME OF CEMETERY OR CREMATORY W.O.W CEMETERY				23d. LOCATION (City, town, or county) (State) EAST PRAIRIE MO.							
24. FUNERAL DIRECTOR SHELBY FUNERAL HOME ADDRESS EAST PRAIRIE, MO.				25. DATE RECD. BY LOCAL REG. 3-31-60		26. REGISTRAR'S SIGNATURE Loretta N. Harper									

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 *Thomas Shelby*

Licensed Embalmer No. 4940
P. O. Address East

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.