

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034021

STATE FILE NUMBER

FILED VS. OCT 10 1960

43

Primary Registration District No. _____

Registrar's No. 545

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Texas b. COUNTY Hutchison									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fagus, Mo.		Length of stay in 1b		c. CITY OR TOWN Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clyde Lasswell Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 South Koopman		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Lasswell Tatum				4. DATE OF DEATH Month Day Year Sept. 29, 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 3-6-16		9. AGE (last birthday) 43		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) Maintenance crew Phillips				10b. KIND OF BUSINESS OR INDUSTRY Phillips 66 station		11. BIRTHPLACE (City and state or country) Arbyrd, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME L.C. Lasswell				13b. MOTHER'S MAIDEN NAME Belle Tatum				14. NAME OF HUSBAND OR WIFE Mary Tatum					
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.		17. INFORMANT Address Clyde Lasswell, Fagus, 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) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH			
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)								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 Month, Day, Year a.m. p.m.													
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 _____ and last seen alive _____ Death occurred at 8:00 P. Road between Phillips and Arbyrd, Mo. near Phillips													
22a. SIGNATURE (Deceased or title) R. M. Murrell Local Registrar				22b. ADDRESS Poplar Bluff, Mo.				22c. DATE SIGNED 10/1/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-30-60		23c. NAME OF CEMETERY OR CREMATORY Borger Cem.		23d. LOCATION (City, town, or county) Borger, Texas		(State)					
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 10/1/60		26. REGISTRAR'S SIGNATURE R. M. Murrell							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 11 1960

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

Edgar W. Taffel

Licensed Embalmer No. 339

P. O. Address Poplar

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