

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961 318

1003

2022 61-011663

Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE 3034 RUTGER COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. LOUIS			Length of stay in 1b	c. CITY OR TOWN St. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3034 RUTGER			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3034 RUTGER		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN FRANKLIN TATUM				4. DATE OF DEATH Month Day Year 2 26 61			
5. SEX M	6. COLOR OR RACE C	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-30-05	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min. 1 26	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING Clerk			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ARK. U.S.A		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME FRANK TATUM			13b. MOTHER'S MAIDEN NAME MARTHA MAXWELL		14. NAME OF HUSBAND OR WIFE MAGGIE 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 MAGGIE TATUM		Address 3034 RUTGER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>420.1</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 Dec 5 - 1960 to Feb 22 - 61 and last saw ^{her} him alive on Feb 22 - 61 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Basile Poore (Degree or title) C. Basile Poore M.D.				22b. ADDRESS 1730 Franklin 1730 Franklin		22c. DATE SIGNED 2-28-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-3-61	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK		23d. LOCATION (City, town, or county) ST LOUIS CTY. MO		23e. (State)	
24. FUNERAL DIRECTOR A.F. WALTER 2707 Stoddard			ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 28 1961	26. REGISTRAR'S SIGNATURE Loan Smith M.D.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.