MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014019
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1887

FILED MAY 3 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 613 Titus Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BENTON Middle LEON Last TARWATER
4. DATE OF DEATH: Month April Day 17 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-31-1920
9. AGE (last birthday): 40
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter-Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Gas Co.
11. BIRTHPLACE (City and state or country): Excelsior Springs Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Geo. Washington Tarwater
13b. MOTHER'S MAIDEN NAME: Dora Jane Sharp
14. NAME OF HUSBAND OR WIFE: Violet Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Violet Tarwater Excelsior Springs, Mo. 613 Titus Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic Heart Disease - Mitral Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 14 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-1-58, to 4-17-61 and last saw her alive on 4-16-61
Death occurred at 6:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin J. Mueller MD
22b. ADDRESS: 535 Angyle Bldg KC Mo
22c. DATE SIGNED: 4-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-20-61
23c. NAME OF CEMETERY OR CREMATORY: Woodland Cemetery
23d. LOCATION (City, town, or county) (State): Clay County, Missouri

24. FUNERAL DIRECTOR: Hope Funeral Home
ADDRESS: 216 Spring St. Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG.: 4-17-61
26. REGISTRAR'S SIGNATURE: Ruth Long
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Martin J. Mueller Fun. Dir.

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
16	493-12-5080	Blank	5/29/61

MAY 3 1961

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 E. C. Gibson
E. C. Gibson

Licensed Embalmer No. 4137

Excelsior Springs, Mo.
P. O. Address

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.