

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

-61-016741

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 207

STATE FILE NUMBER

**FILED** MAY 22 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)																			
a. COUNTY		Cape Girardeau		a. STATE		Missouri. COUNTY Cape Girardeau																	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Cape Girardeau		c. CITY OR TOWN		Cape Girardeau																	
OR TOWN		Length of stay in lb		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location)		242 North Ellis Street		d. STREET ADDRESS (If outside, give location)		242 North Ellis St.																	
HOSPITAL OR INSTITUTION		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)			First			Middle			Last			4. DATE OF DEATH			Month			Day			Year		
MARY			K.			TARLTON						May			11			1961					
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR											
Female		White				6/19/1897		63		Months 10		Days 22		Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY											
Housekeeper				Own Home				Cape Girardeau, Mo.				U. S.											
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE															
Dr. G. W. Tarlton				Margaret Morton				None															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT				Address											
No				None				Miss Lou Tarlton				Cape Gir., 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) <i>Acute Coronary occlusion</i>																							
DUE TO (b) <i>arteriosclerosis heart disease</i>																							
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 checked="" 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																			
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 <u>5/12/61</u> to <u>5/14/61</u> and last saw her alive on <u>5/2/61</u>		Death occurred at <u>11 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE				(Degree or title)				22b. ADDRESS				22c. DATE SIGNED											
<i>J. H. Kern</i>				M.D.				Cape Girardeau, Mo.				5/14/61											
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				(State)											
Burial		May 13, 1961		Lorimier Cemetery				Cape Girardeau, Missouri															
24. FUNERAL DIRECTOR				ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE													
Walther's Funeral Home				Cape Gir. Mo.				5-18-61		<i>Ann Kasten</i>													

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Boyle H Brumback

Licensed Embalmer No. 5742

P. O. Address Cape Gir

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.