

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017846

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 4251 Registrar's No. 15

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1962

1. PLACE OF DEATH
 a. COUNTY Wright
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartville Length of stay in 1b 3 years
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Wright
 c. CITY OR TOWN Hartville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Charles Robert Tatham

4. DATE OF DEATH Month Day Year
April 25 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 4-9-1885 9. AGE (last birthday) 77
 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) Retired 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Flo Tatham
 Address

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. none 17. INFORMANT Flo Tatham
 Address Hartville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypostatic Pneumonia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General disability and old age.
 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 3/18/62 to 4/20/62 and last saw her alive on 4/20/62
 Death occurred at 4:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Newton D. Newfeld, D.O. 22b. ADDRESS Mansfield, Missouri 22c. DATE SIGNED 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE. 4-28-1962 23c. NAME OF CEMETERY OR CREMATORY Steele Memorial 23d. LOCATION (City, town, or county) (State) Hartville, Missouri

24. FUNERAL DIRECTOR Bergman-Miller ADDRESS Hartville, Missouri 25. DATE RECD. BY LOCAL REG. 4-30-1962 26. REGISTRAR'S SIGNATURE Bonnie J. Jones

VS 300 Rev. 4/59
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 2 1140
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas Md.

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.