

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037585

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 78 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 7 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Barton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar | | Length of stay in 1b 1 month | c. CITY OR TOWN Golden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) -- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN ANDERSON TENNISON | | 4. DATE OF DEATH Month Day Year October 29, 1962 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/14/1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 9. AGE (last birthday) 85 11. BIRTHPLACE (City and state or country) Red Rock, Arkansas 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME William Tennison | | 13b. MOTHER'S MAIDEN NAME Mandy Ricketts | 14. NAME OF HUSBAND OR WIFE Ida Wheeler Tennison |
| 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 Mrs. Ida Tennison Golden City, Mo. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Bleeding - G. Tract - 2 days DUE TO (b) Possibly Cancer of DUE TO (c) Stomach and Lung Pt. 6 mos? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis | | | 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 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 4-7-62 to 10-29-62 and last saw her alive on 10-29-62 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) Herbert M. Arnold M.D. | | 22b. ADDRESS Lamar, Missouri | |
| 22c. DATE SIGNED 10-30-62 | | 22d. DATE SIGNED | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 31, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery | 23d. LOCATION (City, town, or county) (State) Lamar, Missouri |
| 24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo. | | 25. DATE RECD. BY LOCAL REG. Nov. 1, 1962 | 26. REGISTRAR'S SIGNATURE Marie Konantz |

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 Clarence H. Chiles

Licensed Embalmer No. 3973
P. O. Address Lamar Mo

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.