

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043708

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 146

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 16 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>PIKE</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>	a. STATE <u>MO</u>	b. COUNTY <u>LINCOLN</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		c. CITY OR TOWN <u>ELSBERRY</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>6 WKS</u>		d. STREET ADDRESS (If outside, give location) <u>609 N. FIFTH ST.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>GEORGE</u>	Middle <u>EDWARD</u>	Last <u>TANNEHILL</u>	4. DATE OF DEATH	Month <u>NOV.</u>	Day <u>8</u>	Year <u>1962</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 29 1883</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER - RET.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-EMP.</u>	11. BIRTHPLACE (City and state or country) <u>BATCHTOWN, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>JAMES TANNEHILL</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH REEVES</u>	14. NAME OF HUSBAND OR WIFE <u>SOPHIA (nee Walcott)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>WIFE</u>	Address <u>ELSBERRY, MO</u>
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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) <u>Myocardial decomposition</u>		<u>12 hrs</u>
DUE TO (b) <u>atherosclerosis</u>		<u>5 yrs</u>
DUE TO (c) <u>hypertrophic prostates</u>		<u>2 months</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (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
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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.)
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from <u>9/28/62</u> to <u>11/8/62</u> and last saw her alive on <u>11/8/62</u> Death occurred at <u>4:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Douglas M.O.</u>	22b. ADDRESS <u>Louisiana MO.</u>	22c. DATE SIGNED <u>10-10-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE</u>	23d. LOCATION (City, town, or county) (State) <u>RFD - ELSBERRY, Mo.</u>
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24. FUNERAL DIRECTOR <u>O'Garlan Hicks</u>	ADDRESS <u>Elsberry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 11, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
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(Licensed Embalmer's Statement of Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0822

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9422.1

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APR 2 1963

**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,

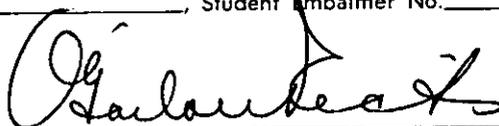
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.