

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37-3 Primary Registration District No. 6269 Registrar's No. 67

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSARK TWP</u> Length of stay in 1b _____ c. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MI EAST MARSHFIELD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> c. CITY OR TOWN <u>MARSHFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>528 E. COMMERCIAL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>ABNER HERSCHEL TANNEHILL</u>			4. DATE OF DEATH Month Day Year <u>DEC 15 1962</u>				
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>9-22-1904</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>HENRY TANNEHILL</u>		13b. MOTHER'S MAIDEN NAME <u>ELEAN TERRY</u>		14. NAME OF HUSBAND WIFE <u>LILLIE</u>			
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. _____		17. INFORMANT Address <u>LILLIE TANNEHILL MARSHFIELD</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHED CHEST & INTERNAL INJURIES</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BROKEN NECK & JAWS</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>ONE CAR ACCIDENT ON HIGHWAY</u>		
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>245 12-15-62 38</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NY 38</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>MARSHFIELD R3 WEBSTER MO</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ "Death occurred" at <u>245 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Ed Edwards Coroner</u>		22b. ADDRESS <u>Marshfield Mo</u>		22c. DATE SIGNED <u>12/16/62</u>	
23a. BURIAL, CREMATION, REMOVE (Specify) <u>BURIAL</u>	23b. DATE <u>12-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	23d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>BARBER-EDWARDS MARSHFIELD</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-62</u>	26. REGISTRAR'S SIGNATURE <u>J Francis</u>		

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 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

James Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. Stapp

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.