

FILED OCT 9 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 822

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREEN**  
(b) City or town **Rural—South Campbell Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**OZARK OSTEOPATHIC HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **In hospital or institution 10 Days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Howe** 84  
(c) City or town **FAIR PLAY** 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES MARION TARBIE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **W 2**  
6. (b) Name of husband or wife **ETNA LORENTE HALLIBURTON** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **OCTOBER 1, 1869**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **TRENTON MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **BARRENTER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **WILLIAM TARBIE** 1  
13. Birthplace **VIRGINIA** (State or foreign country)  
14. Maiden name **ESTHER ELIZ. LONEY**  
15. Birthplace **TRENTON OHIO** (State or foreign country)

16. (a) Informant **VERNE L. TARTER**

(b) Address **417 S. JEFFERSON CITY**

17. (a) **BURIAL SPRINGFIELD MO** (b) Date thereof **10-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fair play**

18. (a) Signature of funeral director **Walter Owen Blue**

(b) Address **Fair play, Mo**

19. (a) **10-1-48** (b) **W.S. Handley MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **29**  
year **1948** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **9-19**, 19**48**, to **9-29**, 19**48**;  
that I last saw him alive on **9-29**, 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration \_\_\_\_\_

Due to **Preemia**

Due to **hypertrophy of prostate gland**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **no operation**

Of autopsy **none 1370**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **R. A. Michael MD** (or other) **1/29**  
Address **Springfield, Mo** Date signed **9/29/48**

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SERVICES  
BUREAU OF HEALTH SERVICES

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**