

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5306

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAYETTEVILLE	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) LOCUST 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) AMANDA			a. (First)			b. (Middle)			c. (Last) TACKETT			4. DATE OF DEATH (Month) (Day) (Year) FEB. 25 1949			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 23, 1874			9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) ARKANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME WILLIAM OSBURN			13b. MOTHER'S MAIDEN NAME LYDA EVANS			14. NAME OF HUSBAND OR WIFE		
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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) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME MRS MARGARET COUDRA		ADDRESS FAYETTEVILLE ARK	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Cerebral hemorrhage							
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + Arteriosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **25 Feb., 1949**, to **25 Feb., 1949**, that I last saw the deceased alive on **25 Feb., 1949**, and that death occurred at **2:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Sleight		23b. ADDRESS M. D. De Jay Blinn, Joplin, Mo		23c. DATE SIGNED 26 Feb. 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB 26 1949		24c. NAME OF CEMETERY OR CREMATORY UNKNOWN		24d. LOCATION (City, town, or county) (State) FAYETTEVILLE ARK	
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DATE REC'D BY LOCAL REG. 2-26-49		REGISTRAR'S SIGNATURE Edw James		25. FUNERAL DIRECTOR'S SIGNATURE Harold Glover		ADDRESS Joplin, Mo	
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By Notary Public (Seal and Signature of Embalmer's Statement on Reverse Side)

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

No. 300
10-48

49
2
3

See attached

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.

Signed.....

Paul Glover

Signed.....
Student Embalmer

Licensed Embalmer No. 45-93

P. O. Address. Joplin, 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 this body is not embalmed, fact should be so stated above.