

10-300
10-48

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26874
State File No. 26874

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. _____

1. PLACE OF DEATH. a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAMILTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAMILTON (RURAL)</u>	
c. LENGTH OF STAY (in this place) <u>12 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>R7D 3# 0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAMILTON R7D 3#</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Easter</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Tarter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19 50</u>
-------------------------------------	--------------------------	------------------------------	-------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 29 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	---------------------------	---	-------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>horse wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Ruben Howser</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Cletus Tarter</u>
--	---------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cletus Tarter</u>	ADDRESS <u>Hamilton Mo.</u>
---	-------------------------------------	--	-----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Hepatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		092X	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	---

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) _____
--	--	---

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from 8-18-1950, to 8-19-1950, that I last saw the deceased alive on 8-18-1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>Cameron Mo.</u>	23c. DATE SIGNED <u>8-19-50</u>
-----------------------------------	-----------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Mable Mo</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Aug 28-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cameron Mo.</u>
---	--	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

30
1



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
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 4777 d
223 unit 3 d
P. O. Address Cameron 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.