

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23501

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 9677

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) Life		0512	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 302 Cleveland Ave		d. STREET ADDRESS (If rural, give location) 302 Cleveland Ave 0	

3. NAME OF DECEASED (Type or Print) a. (First) Aubrey b. (Middle) Adolph c. (Last) Tackett			4. DATE OF DEATH (Month) (Day) (Year) July 16 1951			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 9 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Poultry Farm		11. BIRTHPLACE (State or foreign country) Johnson Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME George W Tackett		13b. MOTHER'S MAIDEN NAME Mary Trapp		14. NAME OF HUSBAND OR WIFE Mary Tackett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Tackett Warrensburg Mo.	

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 5 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES				3 yrs	
DUE TO (b) Hypertensive Cardio-Vascular Disease		DUE TO (c) Renal					
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 443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 March 20, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Warrensburg, Mo.		23b. ADDRESS		23c. DATE SIGNED July 17, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-18-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
				24d. LOCATION (City, town, or county) (State) Warrensburg Mo.	

DATE REC'D BY LOCAL REG July 17, 1951		REGISTRAR'S SIGNATURE Savannah Quitcher 147		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. Earl Trust*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warensburg 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.