

No. 34
10. 48

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23798**

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP.	
c. LENGTH OF STAY (In this place) 57 yrs.		d. STREET ADDRESS (If rural, give location) R.F.D.#2, PARIS - 06911	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#2, PARIS			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) JEFFERSON c. (Last) TANZEY			4. DATE OF DEATH (Month) (Day) (Year) JULY 17, 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 13, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Day 7 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BENJ. H. TANZEY		13b. MOTHER'S MAIDEN NAME MILLIE HOCHER		14. NAME OF HUSBAND OR WIFE FANNIE G. TANZEY	
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 PRESTON TANZEY, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH N.R.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4261		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) (Minute) 7:30 P.M.	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 **Did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.A. Barnett (Registrar)	(Degree or title) M.D.	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 7-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-18-51	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 7-18-51	REGISTRAR'S SIGNATURE J.A. Barnett	435	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, MO.
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1304
Date Filed: JUL 23 1951

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.....
Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.