

No. 300
10. 48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 772

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

346

FILED FEB 5 1952 REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 5414 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Douglas & Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>		
b. CITY OR TOWN <u>Rural Washington</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Ozark, Mo - Rural, Ozark Co.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Ozark Co. 0770</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway - Douglas Co. Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GONLEY</u> b. (Middle) <u>RALPH</u> c. (Last) <u>TANNEHILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3/12/1931</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark, Mo -</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Truman Tannehill</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Truman Tannehill - Ozark, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck from car wreck</u>		INTERVAL BETWEEN ONSET AND DEATH
			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 <u>134 E 8164-26</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc. (See bids. - 50)) <u>Highway 76</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Douglas, Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-22-52 7:30P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on collision between two cars.</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30P.</u> -m., from the causes and on the date stated above.					
23a. SIGNATURE <u>M. C. Gentry M.D.</u> (Degree or title)			23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>1-23-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutie, Mo. Ozark Co.</u>	
DATE REC'D BY LOCAL REG. <u>2-2-52</u>		REGISTRAR'S SIGNATURE <u>Uestel Bushman</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chick Kinghorn Funeral Home, Hannibal, Missouri</u>		

(Revised Embelmer's Statement on Reverse Side)

MAY 9 1967

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 Arthur A. Roof

Licensed Embalmer No. 3044

P. O. Address Hamsville, N.J.

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.