

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11899**

No. 300
10.48

FILED APR 22 1952

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5090** Registrar's No. **28**

0030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Atchison Co		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Mo b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watson mo	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Watson mo	0030
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Tarst	4. DATE OF DEATH (Month) (Day) (Year) April 9 - 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 1 - 1860	9. AGE (In years) (last birthday) 91 IF UNDER 1 YEAR Months 18 Days 8 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTH PLACE (State or foreign country) Washington Co - Tenn	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Frederick Tarst	13b. MOTHER'S MAIDEN NAME Mahala Miller	14. NAME OF HUSBAND OR WIFE Rose Tarst (deceased)
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Tarst Baetzner	ADDRESS Rock Port
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility (Arterio Sclerosis) myocarditis old age		
	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. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4221	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) (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 **Jan 1946**, to **Apr 9, 1952**; that I last saw the deceased alive on **Feb 1, 1952**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. D. Dudley	23b. ADDRESS Hambury Ia	23c. DATE SIGNED 4-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 11 1952	24c. NAME OF CEMETERY OR CREMATORY High Creek Cemetery	24d. LOCATION (City, town, or county) (State) Rock-Port Mo
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DATE REC'D BY LOCAL REG. April 15, 1952	REGISTRAR'S SIGNATURE Norman S. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE C. Berham	ADDRESS Rock Port
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2307 P. 2. 1000

AUG 19 1953

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.....

C. E. Burton

Student Embalmer No.

working under my personal supervision.

Signed *C. E. Burton*

Signed.....
Student Embalmer

Licensed Embalmer No. *1764*

P. O. Address *Rock Port 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.