S. No. 300
v. 10.48

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

FILED AUG 4 1952

STANDARD CERTIFICATE OF DEATH

5-804 State File No. 25162

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. [redacted] Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY MONROE 0690
b. CITY OR TOWN RURAL-JACKSON TWP. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 9 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RT. 3, PARIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PARIS 0690
d. STREET ADDRESS (If rural, give location) E. CALDWELL ST.

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) STANLEY
c. (Last) TAWNEY

4. DATE OF DEATH (Month) JULY (Day) 29, (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JUNE 14 1883
9. AGE (In years last birthday) 69 | If under 1 year: Months 7 Days 15 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE TAWNEY
13b. MOTHER'S MAIDEN NAME HARRIET BASSETT
14. NAME OF HUSBAND OR WIFE ALTA DEAN TAWNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME LAWRENCE TAWNEY **ADDRESS** R.F.D. 3 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: UK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible] — UK

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 4.2.21
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 29, 19 52, *to* 7-29, 19 52, *that I last saw the deceased alive on* 7-29, 19 52, *and that death occurred at* 4:03 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.
23b. ADDRESS PARIS, MO.
23c. DATE SIGNED 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 7-31-52
24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE
24d. LOCATION (City, town, or county) PARIS, MO. (State)

DATE REC'D BY LOCAL REG. 7-31-52
REGISTRAR'S SIGNATURE F. A. Barnett, M.D. 425-0
25. FUNERAL DIRECTOR'S SIGNATURE Speed + Bleby **ADDRESS** PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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 Ed 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.