

STANDARD CERTIFICATE OF DEATH

42643

State File No. 42643

LED JAN 7 - 1952

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. No. 2127 Registrar's No. 2110

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Joplin (Rural)	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) Rt# 3 Box# 288 Lone Elm Comm.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) Albert	c. (Last) TARWATER	4. DATE OF DEATH (Month) (Day) (Year) Dec 28, 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 Dec 20, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black Smith	10b. KIND OF BUSINESS OR INDUSTRY Black Smith	11. BIRTHPLACE (City and State or Foreign Country) Girard, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Tarwater	13b. MOTHER'S MAIDEN NAME Emma	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Hawthorne Rt# 3 Joplin, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		5 d
	ANTECEDENT CAUSES DUE TO (b) Diabetic Coma		6 d
	DUE TO (c) Diabetes Mellitus		unknown
II. OTHER SIGNIFICANT CONDITIONS Large abscess pyogenic of rt. shoulder		3 mths	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 Sept. 1852, to Dec. 28, 1952, that I last saw the deceased alive on 12-8-1952, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. O. Martin D.O.	23b. ADDRESS 709 Joplin St., Joplin, Mo.	23c. DATE SIGNED 12-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 12/30/52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-5-53

Jasper County Health Office

County File Number 53/1/3

Date Filed 1-6-53

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 Paul A. Shoukell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.