

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37999

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	c. LENGTH OF STAY (in this place) <u>43 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE 1001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>326 HELEN AVE</u>		d. STREET ADDRESS (If rural, give location) <u>326 HELEN AVE.</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM OSCAR TANNER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>4-16-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 HRS. Days <u>15</u>	Hours <u>15</u>	Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>	11. BIRTHPLACE (State or foreign country) <u>ANNA ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>WYLIE TANNER</u>	13b. MOTHER'S MAIDEN NAME <u>ELVIYA WATSON</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA TANNER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>498-18-4880</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Tanner Chaffee Mo</u>	ADDRESS <u>Chaffee Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u>			<u>20 yrs.</u>
	DUE TO (c) <u>Arteriosclerosis</u>			<u>10 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastro enteritis &amp; Hepatitis</u>			<u>1 yr.</u>	

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 2-1, 1953, to 10-30, 1953, that I last saw the deceased alive on 10-30, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Lehman, D.O.</u>	23b. ADDRESS <u>Chaffee, Mo.</u>	23c. DATE SIGNED <u>10/31/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>11-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anna Paul Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Chaffee Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-3-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. B. Bisping</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. M. Stubb</u>	ADDRESS <u>Chaffee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 9 1953  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1153-247

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 *A. J. Lorberg*

Licensed Embalmer No. 3810

P. O. Address. *Cape Girardeau, 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.