

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2227**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY OR TOWN Hayti	c. LENGTH OF STAY (in this place) 2 Wks.	c. CITY OR TOWN Portageville	d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot County Hosp.		e. STREET ADDRESS 310 Warren	(If rural, give location) 072
3. NAME OF DECEASED (Type or Print)	a. (First) WALTER	b. (Middle) A.	c. (Last) TANNER
4. DATE OF DEATH	(Month) (Day) (Year) Jan. 9, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH March 21, 1884
9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Middleton, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Floyd Tanner	13b. MOTHER'S MAIDEN NAME Eliza Jane Gabby
14. NAME OF HUSBAND OR WIFE Eula Tanner		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. X
17. INFORMANT'S SIGNATURE OR NAME Eula Tanner		ADDRESS Portageville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Post-mortem
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	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 151 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 **Dec. 28, 1953**, to **Jan. 9, 1954**, that I last saw the deceased alive on **Jan. 9, 1954**, and that death occurred at **5:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Woodrow McDaniel M.D.	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 1/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Portageville, Mo.		

DATE REC'D BY LOCAL REG. 1-15-54	REGISTRAR'S SIGNATURE John W. Herman	406-0	25. FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-16-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.
JAN 23 1954

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~~ #1
~~Signature of Student Embalmer~~

Signed *James A. Osburn*

Licensed Embalmer No. *41*

P. O. Address *Wardell*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.