

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8432**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **141** PRIMARY REG. DIST. NO. **3025** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Fulton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Viola</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stoll's Surg. Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Thomas</b>	b. (Middle) <b>William</b>	c. (Last) <b>Tackett</b>	<b>March 12, 1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 10, 1886</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR: Months <b>9</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (State or foreign country) <b>Howell County Missouri</b>	
13a. FATHER'S NAME <b>William M. Tackett</b>		13b. MOTHER'S MAIDEN NAME <b>Dallie Lpton</b>		14. NAME OF HUSBAND OR WIFE <b>Meda Demose Tackett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Tackett</b> ADDRESS <b>Viola Ark.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Emphysema, pulmonary</b>		DUPLICATE OF (b) <b>Astma; bronchiāl</b>			<b>year</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)			year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3 8 54** to **3 12 54**, that I last saw the deceased alive on **3 12 54**, 19**54**, and that death occurred at **3:42 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J B Stoll M D</b>		23b. ADDRESS <b>West Plains Mo</b>		23c. DATE SIGNED <b>3 20 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Flora Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>3-24-54</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		24d. LOCATION (City, town, or county) (State) <b>Fulton County Ark</b>	

DATE REC'D BY LOCAL REG. <b>3-24-54</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carter Funeral Service - Salem, Ark.</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leland Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Thayer, 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.