

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18065

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 678

1. PLACE OF DEATH a. COUNTY <u>Bushavan,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u>Clinton,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg,</u> -0250	
c. LENGTH OF STAY (In this place) <u>1 yr. 5 M. 14 days</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no. 2,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOUGLASS</u> b. (Middle) <u>—</u> c. (Last) <u>TARTER,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>	8. DATE OF BIRTH <u>10-10-1873,</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>De Kalb County - Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown,</u>	13b. MOTHER'S MAIDEN NAME <u>unknown,</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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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) <u>No,</u>	16. SOCIAL SECURITY NO. <u>None,</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clinton County Court, Plattsburg, Mo,</u>	ADDRESS <u>Plattsburg, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Yes.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis,</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> 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. <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 1-14-, 1953, to 6-26-, 1954, that I last saw the deceased alive on 6-26-, 1954, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Parvost Thomas,</u>	(Degree or title) <u>MD,</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo,</u>	23c. DATE SIGNED <u>6-28-1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 28, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.