

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19701

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY OR TOWN <u>East Prairie, Mo.</u> c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY OR TOWN <u>East Prairie</u> d. Is 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 <u>Residence</u>		e. STREET ADDRESS (If rural, give location) <u>0671</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) _____ c. (Last) <u>TANNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 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>Sept. 24, 1881</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 15 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (the kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?
<u>Farming laborer</u>		<u>Farming</u>		<u>East Springs, Ill.</u>		<u>U. S. A.</u>
13. FATHER'S NAME <u>George Washington Tanner</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ann Thornton</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Stanley Tanner</u>	
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>497-16-0350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Tanner, Indianapolis, Ind.</u>		ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion of sinus</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis atherosclerosis</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>4-201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.		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 June 30, 1954 to June 30, 1954 that I last saw the deceased alive on June 30, 1954 and that death occurred at 7:45 m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Martin, M.D. (Degree or title) 23b. ADDRESS 6 Prairie No 7125 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE July 3, 1954 24c. NAME OF CEMETERY OR CREMATORY W. O. W. 24d. LOCATION (City, town, or county) (State) East Prairie, Mo.

DATE REC'D BY LOCAL REG. 7-13-54 REGISTRAR'S SIGNATURE Gertrude G. Harper FUNERAL DIRECTOR'S SIGNATURE Travis Shelby ADDRESS East Prairie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 15 19

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.....
Signature of Student Embalmer

Signed *Travis Shelby*.....

Licensed Embalmer No. *275*

P. O. Address *East Prairie*

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.