

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19373**

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 6 years	c. CITY OR TOWN Wheeling
d. FULL NAME OF HOSPITAL OR INSTITUTION 60 Cherry Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 0590	

3. NAME OF DECEASED (Type or Print) ADELLA	a. (First)	b. (Middle)	c. (Last) TANNER	4. DATE OF DEATH (Month) (Day) (Year) June 14 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 24 October 1867	9. AGE (in years) (Month) (Day) (Hour) (Min.) 87
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Zanesville, Ohio	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Morris Ogan	13b. MOTHER'S MAIDEN NAME Tacy Ann Albritton	14. NAME OF HUSBAND OR WIFE Eugene Tanner
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Tanner	ADDRESS St. Louis, Missouri
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13. 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		
	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 331X	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) (Min.)	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 Jan 1949, to June 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 12:45am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur Bryan MD	23b. ADDRESS Wheeling, Mo	23c. DATE SIGNED 6/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-15-55	24c. NAME OF CEMETERY OR CREMATORY Wheeling	24d. LOCATION (City, town, or county) (State) Wheeling, Missouri
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DATE REC'D BY LOCAL REG. 6/14/55	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

