

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 14 1955

State File No. **32326**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1169**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (If this place) 2 mos - 14 days	c. CITY OR TOWN Waverly	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 State Hospital #2		e. STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print) a. (First) HALL b. (Middle) _____ c. (Last) TANNER			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 30, 1955		
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 5, 1875		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) (unknown)		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mall E. Tanner		13b. MOTHER'S MAIDEN NAME Arline (unknown)		14. NAME OF HUSBAND OR WIFE Fannie Nichols	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME G. H. Friemonth, Waverly, Missouri ADDRESS _____	

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) Senility with psychosis		DUE TO (b) Syphilis		unknown	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		026X	

19a. DATE OF OPERATION		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) 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 Aug 25 19 55, to Oct 30, 19 55, that I last saw the deceased alive on Oct 29, 19 55, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Morrow</i> (Degree or title) M.D.		23b. ADDRESS State Hospital #2, City		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Oct 30, 1955		24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery	
24d. LOCATION (City, town, or county) (State) Waverly, Missouri					

DATE REC'D BY LOCAL REG. Nov 7, 1955		REGISTRAR'S SIGNATURE <i>Bother M. Allison</i> 485-		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home, St. Joseph, Mo. ADDRESS _____	
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NOV 16 1958

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 *Billie C. Londer*

Licensed Embalmer No. *490*
P. O. Address *St. Joe, Ind.*

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.