

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1956

State File No. Registrar's No. 4

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545

1. PLACE OF DEATH a. COUNTY WEBSTER b. CITY OR TOWN MARSHFIELD c. LENGTH OF STAY 12 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE a. STATE MO b. COUNTY WEBSTER c. CITY OR TOWN MARSHFIELD d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) CLARA b. (Middle) ELLEN c. (Last) TACKETT 4. DATE OF DEATH JAN 20 1956

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED 8. DATE OF BIRTH JAN 16 1883 9. AGE 73

10a. USUAL OCCUPATION HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS HENDRIX 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE OSBERN TACKETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME OSBERN TACKETT ADDRESS MARSHFIELD

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Natural Causes, Unknown (b) Gall Bladder Disease (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 586x

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan. 20, 1956, to Jan. 20, 1956, that I last saw the deceased alive on Jan. 20, 1956, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE C.P. Macdonald, M.D. (Degree or title) 23b. ADDRESS Marshfield, Mo. 23c. DATE SIGNED 1/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-24-1956 24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD 24d. LOCATION (City, town, or county) (State) MARSHFIELD MO

DATE REC'D BY LOCAL REG. 1-24-56 REGISTRAR'S SIGNATURE [Signature] 392-0 25. FUNERAL DIRECTOR'S SIGNATURE RW BARBER ADDRESS MARSHFIELD MO

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

