

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

State File No. **37382**

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **97**

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Liberty, Mo.	c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Excelsior Springs	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 I.O.O.F. Home		STREET ADDRESS (If rural, give location) 314 West Excelsior Street	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Stevens c. (Last) Tarwater			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Riley Tarwater	13b. MOTHER'S MAIDEN NAME Rachel Summers	14. NAME OF HUSBAND OR WIFE Lula O. Tarwater
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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. 495-24-7041	17. INFORMANT'S SIGNATURE OR NAME Lula Tarwater, 314 W. Excelsior St., Ex. Spr.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach	INTERVAL BETWEEN ONSET AND DEATH 1 year
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____	
		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 151x	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)
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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?
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22. I hereby certify that I attended the deceased from Oct 18, 1956, to Oct 28, 1956, that I last saw the deceased alive on Oct 27, 1956, and that death occurred at 12:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Goodson M.D.	23b. ADDRESS Liberty Mo	23c. DATE SIGNED 11/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-28-56	24c. NAME OF CEMETERY OR CREMATORY Siegel Cemetery	24d. LOCATION (City, town, or county) (State) Rural, Excelsior Springs, Mo.
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DATE REC'D BY LOCAL REG. 11-5-56	REGISTRAR'S SIGNATURE Mabel Strehen	25. FUNERAL DIRECTOR'S SIGNATURE Prichard Funeral Home, Inc.	ADDRESS Excelsior Springs, Missouri
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NOV 13 1956

Mr. Goodson

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 *Ralph E. Van Lendingham*
Licensed Embalmer No. *4009*
Evansburg, Mo.
P. O. Address.....

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.