FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44482
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina, Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina, 1020 Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Roxie Middle Mae Last Tanner
4. DATE OF DEATH Month Day Year 12-29-1956
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 1-13-1895
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 11 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph N. Griggs
14. MOTHER'S MAIDEN NAME Emma L. Bashears
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. X
17. INFORMANT Address Mr. Frank Tanner Shelbina, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension and arteriosclerosis — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 20, 1956, to Dec 27, 1956 and last saw her him alive on Dec 27, 1956
Death occurred at 9 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas A. Lichty MD.
22b. ADDRESS Shelbina Mo.
22c. DATE SIGNED 1/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-31-56
23c. NAME OF CEMETERY OR CREMATORY Shelbina I.O.O.F.
23d. LOCATION (City, town, or county) (State) Shelbina, Missouri

24. FUNERAL DIRECTOR ADDRESS Barkelew & Davis Shelbina, Mo.
25. DATE RECD. BY LOCAL REG. 1-10-57
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry A. Barkelee

Licensed Embalmer No. 38.

P. O. Address Shelburn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.