

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36507

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIGGINSVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>RUTAN DAVIS TWP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SCHLICHTER REST HOME</u>		Length of stay in 1b <u>3 MONTHS</u>		d. STREET ADDRESS (If outside, give location) <u>1 mi WEST OF HIGGINSVILLE Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>IRA</u> Middle <u>ASBURY</u> Last <u>TANNESLEY</u>				4. DATE OF DEATH Month <u>OCT</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 13, 1875</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEE SUPPLIES</u>		11. BIRTHPLACE (City and state or country) <u>HICKORY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>NATHAN TANNESLEY</u>				14. MOTHER'S MAIDEN NAME <u>MILLIE HIRE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-59-4776</u>		17. INFORMANT <u>EARL TANNESLEY</u>		Address <u>HIGGINSVILLE, MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>2 yrs 3 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary occlusion</u>					
		DUE TO (c) <u>Arterio sclerosis Obliterans 4201</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>MARCH 23, 1956</u> , to <u>OCTOBER 17, 1957</u> and last saw ^{him} alive on <u>OCT 16, 1957</u> Death occurred at <u>7:30 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Edwin Wilson D.O.</u>				22b. ADDRESS <u>1815 Main Higginsville Mo.</u>		22c. DATE SIGNED <u>10/18/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 19, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HIGGINSVILLE CITY</u>		23d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MO</u>		
24. FUNERAL DIRECTOR <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Maude W. Bailey</u>	

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *L. J. Parker*.....

Licensed Embalmer No. 388

P. O. Address *Sweet Sp.*

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