

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008731  
STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Barry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Cassville</b>		0059 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>202 1st. St.</b>		Length of stay in 1b <b>5 yrs</b>		d. STREET ADDRESS <b>202 1st. St.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FANNIE</b> Middle <b>TATUM</b> Last <b>RUARK</b>				4. DATE OF DEATH Month <b>3</b> Day <b>5</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 5, 1872</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Miller, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George Tatum</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Gladys Abernathy, Cassville, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infirmities of old age</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Spondylolisthesis (severe) of lumbar spine</b>				6 yrs	
		DUE TO (c) <b>Arteriosclerosis generalizid</b>				5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4500</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>p. m.</b> Month, Day, Year							
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 <b>1952</b> to <b>3-5-58</b> and last saw her alive on <b>3-5-58</b> Death occurred at <b>1:00 PM.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Mary Newman M.D.</b>				22b. ADDRESS <b>Cassville, Missouri</b>		22c. DATE SIGNED <b>3-7-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-7-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sycamore Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Miller Mo.</b>	
24. FUNERAL DIRECTOR <b>Williamson Chapel, Cassville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-10-1958</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

birth, welfare, public service, 00, -56, 0050, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 358-56

DATE REC. 3-18-57

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Doyle E. Williamson .....

Licensed Embalmer No. 48

P. O. Address Cassville

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.