

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001993

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 667 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Minnesota b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Bedford Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Minneapolis 8226 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lin. Co. Em. Hosp. 24hrs		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2900 Wash Road
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Darwin Harry Tansey			4. DATE OF DEATH Month Day Year Jan. 26, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 28, 1937	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Photo Equip.	11. BIRTHPLACE (City and state or country) Minneapolis, Minn	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ronald C. Summers	13b. MOTHER'S MAIDEN NAME Helen H. Tansey	14. NAME OF HUSBAND OR WIFE Therese Shirley Tansey
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give month, dates of service) Yes Nat. Guard	16. SOCIAL SECURITY NO. 470-36-8188	17. INFORMANT R. C. Summers	Address Minn. is 2900 Wash Rd, Minneapolis
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, CONGESTIVE		INTERVAL BETWEEN ONSET AND DEATH 24 HRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) FAT EMBOLI TO LUNG, BILAT		48 HRS
	DUE TO (c) COMPOUND FRACTURE RT TIBIA		48 HRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RUPTURED SPLEEN, HEMOTHORAX RT SHOCK		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE KK <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car subject was driving struck Bridge abutment
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20c. TIME OF INJURY Hour Month, Day, Year 10:30 p.m. 1/26/59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20e. CITY, TOWN, OR LOCATION Near Troy	COUNTY Lincoln	STATE Mo.
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21. I attended the deceased from Jan. 26, 1959, to Jan. 26, 1959 and last saw him alive on Jan. 26, 1959		Death occurred at 11:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Louis P. Hettlage M.D.	22b. ADDRESS Troy, Missouri	22c. DATE SIGNED 1/26/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/28/59	23c. NAME OF CEMETERY OR CREMATORY Ft Snelling Cem.	23d. LOCATION (City, town, or county) (State) Minneapolis, Minn.
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24. FUNERAL DIRECTOR Temper-Marsh Funeral Home Troy, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 26, 1959	26. REGISTRAR'S SIGNATURE Charlotte Leek
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1955 FEB 15

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, KCB ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932 .....  
P. O. Address Troy, Missouri .....

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.