FILED MAR 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008580

STATE FILE NUMBER

KC-3339723

REG.# A367

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 121

Health, Welfare Public Service

300

1-57

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN DONIPHAN 0910 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM.HOSPITAL — Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 504 WALNUT STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First HENRY	Middle ANDREW	Last TANNER	4. DATE OF DEATH Month Day Year MARCH 4, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH 11-3-99	9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) BRISCOE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY A. TANNER	13b. MOTHER'S MAIDEN NAME WINONA APPLEGATE	14. NAME OF HUSBAND OR WIFE NOT APPLICABLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO. 492-10-5277	17. INFORMANT VA HOSPITAL RECORDS, Address POPLAR BLUFF, 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) 1. PARTIAL SMALL BOWEL OBSTRUCTION. — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) 2. UREMIA, SECONDARY TO DIAGNOSIS #1. — Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. SHOCK 2. LOWER NEPHRON SYNDROME, SECONDARY TO SHOCK. 5705

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] NO

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 March 3, 1959, to March 4, 1959

Death occurred at 9:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. W. GASKINS, M.D., Chief, Surgical Svc.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 3/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MARCH 4, '59	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
24. FUNERAL DIRECTOR Ray Means. MEANS FUNERAL HOME, DONIPHAN, MO. — ADDRESS Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 3/14/59	26. REGISTRAR'S SIGNATURE [signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 4 1959

STATEMENT BY LICENSED EMBALMER— MAR 26 195

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 ..... Signed Ray Means
Signature of Student Embalmer

Licensed Embalmer No. 3743
P. O. Address Doniphan,

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.