THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018323

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Length of stay in 1b 2070 days

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

3. NAME OF DECEASED (Type or print): First Floyd; Middle; Last Tackett

4. DATE OF DEATH: Month May, Day 11, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 3, 1899
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): Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jim Tackett
13b. MOTHER'S MAIDEN NAME: Letha Hensley
14. NAME OF HUSBAND OR WIFE: Audrey Tackett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: San. records, Mo. State San. Mt. Vernon, Mo. — Address

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) Massive Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis — 7 + years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Osteoarthritis, generalized: Blindness 002X

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Sept. 9, 1953, to May 11, 1959 and last saw him alive on May 11, 1959
Death occurred at 7:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Maples M.D.
22b. ADDRESS Mt. Vernon, Mo.
22c. DATE SIGNED 5-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-11-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Elijah, Mo.

24. FUNERAL DIRECTOR H. D. Fossett — ADDRESS Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 5-18-59
26. REGISTRAR'S SIGNATURE Cecil Hendricks

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 25 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed H. W. Lowe

Licensed Embalmer No. 22

P. O. Address Mt Vern

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