

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

=60-026155

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 300

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 1 month		c. CITY OR TOWN Fruitland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Victor Middle O. Last Tant				4. DATE OF DEATH Month July Day 20 Year 1960									
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 2/27/1881		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming			11. BIRTHPLACE (City and state or country) Fruitland, Mo.			12. CITIZEN OF WHAT COUNTRY U S A				
13a. FATHER'S NAME Andrew Jackson Tant				13b. MOTHER'S MAIDEN NAME Mary McNeely				14. NAME OF HUSBAND OR WIFE Amy Barber Tant					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Victor Tant				Address Fruitland, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis and infarction DUE TO (b) Acute coronary thrombosis and infarction DUE TO (c) (Arteriosclerosis, Diabetic Mellitus) 1/22/55 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH			
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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 3, 1960 to July 20th and last saw him ^{XX} alive on July 20, 1960 Death occurred at 11:45P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Date of title) Allen M. Estes M.D.						22b. ADDRESS Cape Gir. Mo. 714 Broadway			22c. DATE SIGNED 7-27-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/23/60		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery Fruitland Mo.			23d. LOCATION (City, town, or county) (State)						
24. FUNERAL DIRECTOR J.C. Crawford				ADDRESS Jackson, Mo.		25. DATE RECD. BY LOCAL REG. 7-25-60		26. REGISTRAR'S SIGNATURE June Kasten					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 - T 90V SA
VS AUG 1 - 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *W. C. Crang*

Licensed Embalmer No. 432

P. O. Address *Subway*

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