

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10-48

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Orriick		c. CITY (If outside corporate limits, write RURAL and give township) Orriick	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1890 S	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED a. (First) Denzil b. (Middle) /E/ Eugene c. (Last) Tarwater			4. DATE OF DEATH March, 20-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Jan. 17, 1904		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR 0 IF UNDER 2 HRS. 0	
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 (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Martin Tarwater		13b. MOTHER'S MAIDEN NAME Blanche Dugan		14. NAME OF HUSBAND OR WIFE None	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-26-6456		17. INFORMANT'S SIGNATURE OR NAME J. M. Tarwater		ADDRESS Orriick, Mo.	
---	--	--	--	---	--	-----------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate and testes				INTERVAL BETWEEN ONSET AND DEATH 12 yrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, infection or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

18a. MODE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 1-10-1940, to 3-20-1952, that I last saw the deceased alive on 3-19-1952, and that death occurred at 4:17 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Virgil E. Shadi M.D.		23b. ADDRESS Orriick, Mo.		23c. DATE SIGNED 3-22-52	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23, 52		24c. NAME OF CEMETERY OR CREMATORY Lewis Cem.		24d. LOCATION (City, town, or county) (State) 4 Mi. N.E. of Orriick, Mo.	
---	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 3-22-52		REGISTRAR'S SIGNATURE Helen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orriick, Mo.	
---	--	--	--	--	--	-----------------------------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890
1

Can't say

FEB 26 1953

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, or by _____

working under my personal supervision.

Self

Student Embalmer No.

Signed

Victor E. Keminger

Signed.....
Student Embalmer

Licensed Embalmer No. *2896*

P. O. Address *Liberty, Mo*

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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Ray } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 9524-52
Local Registrar's No. 8

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of February, 1953, before me appears
John R Endicott Jr., who, upon his oath, states that the original record of ~~birth~~ death
for Denzil F. Tarwater died March 20, 1952, in the State of
Missouri, and which was filed at Orrick, Mo. on March 22 1952, should be corrected as follows:

Item No. 3 should read Denzil Eugene Tarwater

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John R. Endicott Jr. Cousin
Relationship.

Orrick Mo
Present Address.

Subscribed and sworn to before me this 19 day of February, 1953.

My Commission expires 3-26-55
Dorcas Lawrence Notary Public.

