

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15341**

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 9

No. 300  
10.48

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Orrick</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Five miles of Orrick</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Orrick 0890</u> d. STREET ADDRESS (If rural, give location) <u>5 mi N of Orrick</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>TARWATER</u>			<b>DATE OF DEATH</b> (Month) (Day) (Year) <u>April 16, 1953</u>	
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 22, 1878</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 Mths.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James A. McKee</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah F. O'Dell</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>James R. Tarwater</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Vernon Tarwater Orrick</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonic baceraemia Rx. &amp; metastasis to lung bones</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>9 mo</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>162X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from July 19, 1942 to Apr. 16, 1953, that I last saw the deceased alive on Apr. 10, 1953, and that death occurred at 12:15 Am., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Henry W. Hudson MD</u>	<b>23b. ADDRESS</b> <u>Liberty, Mo</u>	<b>23c. DATE SIGNED</b> <u>4-17-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4-17-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>O'Dell Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ray Co. Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-18-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heleen J. Larkin 272</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Good-Bailey Orrick, Mo.</u>
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Morris D. Parley

Licensed Embalmer No. 4887

P. O. Address Oriskany, 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.