

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 13 1949

State File No. **18512**

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3000	Registrar's No. 201
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon		
b. CITY OR TOWN Kirksville		c. CITY OR TOWN Rural Atlanta		
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION Grimm - Smith				
3. NAME OF DECEASED (Type or Print) a. (First) Jacobs b. (Middle) S c. (Last) Taborney		4. DATE OF DEATH (Month) (Day) (Year) June 28 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 11 1875	
9. AGE (In years last birthday) 74		# UNDER 1 YEAR 1	# UNDER 1 YEAR 17	# UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Macon Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME Matthew Taborney		13b. MOTHER'S MAIDEN NAME Mary Jane Thatcher		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ross Taborney Atlanta Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE HEART DISEASE CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE HEART DISEASE DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 7 DAYS SEV. YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 444X				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>6/21</u>, 1949, to <u>6/28</u>, 1949, that I last saw the deceased alive on <u>6/27</u>, 1949, and that death occurred at <u>7:53 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE George E. Grinn		23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED 7/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-49		24c. NAME OF CEMETERY OR CREMATORY Mt Labor
24d. LOCATION (City, town, or county) (State) East of Atlanta, MO				
DATE REC'D BY LOCAL REG. 7-8-49		REGISTRAR'S SIGNATURE Hate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Stephens & Gooding
				ADDRESS Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

AUG 24 1949

RECEIVED

District Health Officer No. 10

District File Number 7-49-1221

Date Filed JUL 12 1949

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.

Signed C. L. Stephens

Signed.....
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Macon 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.