

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22329
Registrar's No. 71

FILED JUN 6 1949

BIRTH NO. _____		REG. DIST. NO. <u>303</u>		PRIMARY REG. DIST. NO. <u>4520</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rt 1</u> TOWN <u>Summersville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Route #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Opal</u>		b. (Middle) <u>Annie</u>		c. (Last) <u>Taber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 25, 1906</u>			
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Texas Co Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>Marion Levi Souders</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Mendenhall</u>		14. NAME OF HUSBAND OR WIFE <u>W. M Taber</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W M Taber Summersville, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage from Spontaneous Abortion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6500</u>	
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) (Min.) _____		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>Feb 14 630AM</u> , 19 <u>49</u> , to <u>Feb 14 9AM</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>49</u> , and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Lawrence Hampton Do2</u>				23b. ADDRESS <u>Summersville</u>		23c. DATE SIGNED <u>Mar 5</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrol Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arrol Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 5-49</u>		REGISTRAR'S SIGNATURE <u>Mrs C.E. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo</u>			

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

RECEIVED 5/16/49
District Health Officer No. 5,
District File Number 649383
Date Filed 6/2/49

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

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address *Clinton Hill, Ga.*

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.