

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16803**  
**2083**

FILED MAY 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>K.C. Mo.</u>		c. LENGTH OF STAY (If this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville 0191</u>					
d. FULL NAME OF (If not in hospital or institution, give street address of location) <u>St. Lukes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1000 W. Mechanic</u>					
3. NAME OF DECEASED a. (First) <u>James Allen</u> b. (Middle) <u>Tabor</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5-1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 14-1864</u>			
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen retired</u>		11. BIRTHPLACE (State or foreign country) <u>Alhambra, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>James M. Tabor</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Frances M. Willeford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>51-12-0498</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs JE Hambright</u> ADDRESS <u>St. Harrisonville</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>Fracture - hip - right</u>  ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20</u> <u>2930</u> <u>20</u>	
19a. DATE OF OPERATION <u>5 May 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open reduction - fracture - femur - right</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville, Cass, Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>4 30 52 4:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidentally fell on porch</u>					
22. I hereby certify that I attended the deceased from <u>30 Apr 1952</u> , to <u>5 May 1952</u> , that I last saw the deceased alive on <u>5 May 1952</u> , and that death occurred at <u>4:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Erin M. Dillard</u> (Degree or title) <u>Erin M. Dillard M.D.</u>				23b. ADDRESS <u>St. Luke's Hosp.</u>		23c. DATE SIGNED <u>5 May 52</u>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Augusta Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Augusta Kansas</u>			
DATE REC'D BY LOCAL REG. <u>5-6-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chapman Bros</u> ADDRESS <u>Harrisonville</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No. ....

Signed

*Floyd Atkinson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3970*

P. O. Address

*Harrisonville*  
*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.