

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stamps 41876

State File No.

FILED DEC 15 1953

BIRTH NO. REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6204 Registrar's No.

1070
1

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

1. PLACE OF DEATH a. COUNTY Texas			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrol		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Arrol		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) BERTHA			a. (First) EDITH	c. (Last) TABER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30-1953
5. SEX f	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH Jan. 10-1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 10 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mountain View, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Si Busby		13b. MOTHER'S MAIDEN NAME Missouri Simmons	14. NAME OF HUSBAND OR WIFE Harrison J. Taber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harrison Taber Rt 1 Smsville, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 mos</i>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fracture of hip</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>151 X F</i>				
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>Nov 10, 1953</i> , to <i>Nov 30, 1953</i> , that I last saw the deceased alive on <i>Nov 19, 1953</i> , and that death occurred at <i>4:50 P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>[Signature]</i>			23b. ADDRESS <i>Mountain View, Mo</i>		23c. DATE SIGNED <i>12/7/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 3-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Arrol</i>	24d. LOCATION (City, town, or county) (State) <i>Arrol, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>Dec 10</i>	REGISTRAR'S SIGNATURE <i>Anna Roberts</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>433-0</i>	ADDRESS <i>Duncan Funeral Home Mun View, Mo.</i>	

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.....
Signature of Student Embalmer

Signed *Joe P. Duncan*.....

Licensed Embalmer No. *4325*.....

P. O. Address *N.Y. New York*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.