

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36851

State File No.

BIRTH NO. REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>rural</u>		c. CITY OR TOWN <u>Kearney</u>	d. Is Residence within limits of a city or incorporated town? no Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Home</u>		f. STREET ADDRESS <u>Rural</u> (If rural, give location) <u>6000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>E</u>	c. (Last) <u>Tabor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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 <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cookeville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm. Rockwell</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Buck</u>	14. NAME OF HUSBAND OR WIFE <u>John F. Tabor (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Tabor, Kansas City, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomyelitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>5 mo ago had a fall & broke right hip - it was nailed</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept, 1954, to Nov 28, 1954, that I last saw the deceased alive on Nov 28 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H Graham M.D.</u>	(Degree or title)	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>11/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/1/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Clay Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	491	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Garrison</u>	ADDRESS <u>Independence, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

12-18

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 *Tom D. Mabland*

Licensed Embalmer No. *459*

P. O. Address *Indep. Y*

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.