

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7643

FILED MAR 28 1955

State File No. 90

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON CITY		c. CITY OR TOWN LOOSE CREEK	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 months		e. STREET ADDRESS (If rural, give location) GENERAL DELIVERY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 414 RUSSELL AVENUE			

3. NAME OF DECEASED (Type or Print)	a. (First) LLOYD	b. (Middle) JOHN	c. (Last) TABER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH FEBRUARY 20, 1904	9. AGE (In years last birthday) 51	If UNDER 1 YEAR: Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) LOOSE CREEK, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FELIX O. TABER	13b. MOTHER'S MAIDEN NAME MARY ELLEN BALL	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRED TABER, 414 Russell City, Mo.	ADDRESS Jefferson City, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (15 MIN) 2 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage. (abdominal)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial erosion - DUE TO (c) Metastatic C.A. of prostate -		
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	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)	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 **Dec. 54**, 19**55**, to **19 Mar.**, 19**55**, that I last saw the deceased alive on **19 Mar.**, 19**55**, and that death occurred at **11:43 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James G. Miller D.O.	(Degree or title)	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 20 Mar. 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 22, 1955	24c. NAME OF CEMETERY OR CREMATORY LINN PUBLIC CEMETERY	24d. LOCATION (City, town, or county) (State) LINN, MISSOURI
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DATE REC'D BY LOCAL REG. March 21-55	REGISTRAR'S SIGNATURE R. P. Darric MD JR	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Moulton	ADDRESS LINN, MO.
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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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Vernon M. Norton*

Licensed Embalmer No. *412*

P. O. Address *Levin*

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.