

FILED MAY 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11368

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 5300		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Platte</u>		c. LENGTH OF STAY (in this place) <u>39 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Platte Twp</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2, D. 2 Plattsburg MO.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 2, D. 2 Plattsburg MO.</u>								
3. NAME OF DECEASED a. (First) <u>Lee</u>			b. (Middle) <u>Roy</u>		c. (Last) <u>Tabor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 15 1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>7</u> Hours <u>15</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Clay County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Tabor</u>			13b. MOTHER'S MAIDEN NAME <u>Stella Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Cleo Tabor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Cleo Tabor Plattsburg, MO.</u>				ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				DUE TO (b) <u>Uremia, secondary anemia</u>				<u>2 months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>arteriosclerotic nephritis 1+ yr.</u>				<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Coronary Occlusion</u>				<u>1 wk. old</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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>1-3 1955</u> , to <u>4-22 1955</u> , that I last saw the deceased alive on <u>4-22 1955</u> , and that death occurred at <u>9 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. Luckenill, MD</u> (Degree or title)				23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>4-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PERRIN</u>		24d. LOCATION (City, town, or county) <u>Clinton County, MO.</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>5-4-55</u>		REGISTRAR'S SIGNATURE <u>Lyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg MO</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Daniel D. Lyon

Licensed Embalmer No. 3840

P. O. Address Pattsburg, 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.