

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12776

State File No.

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 11-1956

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Cuba</u>		c. CITY OR TOWN <u>Cuba</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1/4 Mi. South of Cuba City Ark.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ag. Hos. of Cuba City Ark.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ANNA</u> c. (Last) <u>TABER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1956</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>MARRIED</u>	8. DATE OF BIRTH <u>2-28-1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Month <u>1</u> Day <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> 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>House</u>	11. BIRTHPLACE (State or foreign country) <u>Abbeville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Nease</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. H. Taber</u>
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5. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Taber</u>	ADDRESS <u>Cuba, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 April 14, 1956, to April 15, 1956, that I last saw the deceased alive on April 15, 1956 and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. S. Williams, M.D.</u>	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>4-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grundy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-17-1956</u>	REGISTRAR'S SIGNATURE <u>J. P. O. Shanley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Shanley</u>	ADDRESS <u>Cuba, Mo.</u>
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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
Student Embalmer

Signed _____

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.