Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015378
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): RICHMOND-Rural — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RAY COUNTY MEMORIAL HOSP — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: RAY
c. CITY OR TOWN: HARDIN — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: GUY Middle: ROLAND Last: TABLER

4. DATE OF DEATH: Month: April Day: 12 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 22, 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT & FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): CARROLL COUNTY Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: MOSES F. TABLER
13b. MOTHER'S MAIDEN NAME: JEANETTE ENGLAND
14. NAME OF HUSBAND OR WIFE: ALBERTA TABLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JAMES TABLER Address: ST. LOUIS, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal ulcer — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5410

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-25-57 to death and last saw him alive on 4-12-58
Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. Crozier, M.D. (Degree or title)
22b. ADDRESS: Richmond, Mo.
22c. DATE SIGNED: 4-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-14-58
23c. NAME OF CEMETERY OR CREMATORY: HICKORY GROVE CEM.
23d. LOCATION (City, town, or county) (State): RAY COUNTY, Mo.

24. FUNERAL DIRECTOR: KNIPSCHILDT BORCHERDING ADDRESS: HARDIN, Mo
25. DATE RECD. BY LOCAL REG.: 4-19-1958
26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 478

P. O. Address Harding Me.

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.