Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018975
STATE FILE NUMBER

FILED June 5 1958 Registration District No. 200 Primary Registration District No. 4310 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bevier — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Macon
c. CITY OR TOWN Bevier 6610 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First George Middle Last Tabor

4. DATE OF DEATH Month 4 Day 21 Year 58

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 10-13-78 9. AGE (In years last birthday) 79 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) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) College Mound Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm C. Tabor 13b. MOTHER'S MAIDEN NAME Sarah C. Baker 14. NAME OF ~~HUSBAND~~ OR WIFE Addie Tabor

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. 489-16-0594 17. INFORMANT Addie Tabor Address Bevier Mo

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 6 yrs
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1954 to 4/24/58 and last saw her/him alive on Feb. 1958
Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Campbell (Degree or title) MD 22b. ADDRESS Macon Mo. 22c. DATE SIGNED 5/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-29-58 23c. NAME OF CEMETERY OR CREMATORY Richards Chapel Cem 23d. LOCATION (City, town, or county) (State) Bevier Mo

24. FUNERAL DIRECTOR Edwards ADDRESS Bevier 25. DATE RECD. BY LOCAL REG. 5/24/58 26. REGISTRAR'S SIGNATURE Ruth McCreedy

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Date Filed 6.2.58

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 [illegible] Lawrence

Licensed Embalmer No. 1961

P. O. Address [illegible] Ind

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.