

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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND-RURAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARDIN 0890
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY County Memorial Hosp 3dys		Length of stay in lb	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First GUY Middle ROLAND Last TABLER			4. DATE OF DEATH Month April Day 13 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT FARMER		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
10a. FATHER'S NAME MOSES F. TABLER		10b. KIND OF BUSINESS OR INDUSTRY	10. CITIZEN OF WHAT COUNTRY? U. S.
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 JEANNETTE ENGLAND	14. NAME OF HUSBAND OR WIFE ALBERTA TABLER
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. —	17. INFORMANT Address JAMES TABLER - ST. LOUIS, Mo.
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Duodenal ulcer DUE TO (c) 5410			INTERVAL BETWEEN ONSET AND DEATH 72 hours unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-25-57 to death and last saw — alive on 4-12-58 Death occurred at 4-15-58 on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from 4-25-57 to death and last saw — alive on 4-12-58 Death occurred at 4-15-58 on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) H. Crozier, M.D.		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 ADDRESS KNIPSCHLOT BORCHERTING - HARDIN, Mo		25. DATE RECD. BY LOCAL REG. 4-19-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

1990

2790

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 *August B. Harding*

Licensed Embalmer No. *4678*

P. O. Address *Harding, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.