

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25943

FILED SEP 14 1950

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 463

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5 Miles E. Savannah</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5 Miles East Savannah</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0030</u>	
3. NAME OF DECEASED a. (First) <u>Benjamin Lloyd</u> b. (Middle) <u>Tabler</u> c. (Last) <u>Tabler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-9-1867</u>
10a. USUAL OCCUPATION (Give kind of work the longest most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>83</u> 1/2
11. BIRTHPLACE (State or foreign country) <u>Decatur Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alex Tabler</u>		13b. MOTHER'S MAIDEN NAME <u>Roseella Able</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah Tabler</u>		15. WAS DECEASED EVER IN U.S. 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>Mrs. Hannie Leiser Bolchow</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) <u>Coronary Sclerosis</u> 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"/>		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 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 <u>12-12, 1949</u> , to <u>8-12, 1950</u> , that I last saw the deceased alive on <u>8-12, 1950</u> , and that death occurred at <u>10:00 AM</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Wilbert B. Kelleher</u> (Degree or title)		23b. ADDRESS <u>Savannah, Mo</u>	
23c. DATE SIGNED <u>8-14-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-14-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Lane Savannah Mo</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lillian Speitz</u> ADDRESS <u>Breit Funeral Home Savannah Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-14-50</u>		REGISTRAR'S SIGNATURE <u>Lillian Speitz</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 25 1950



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.

Signed *R. Lester Bran*

Signed _____
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Sumner 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.