

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 20 1950

No. 300

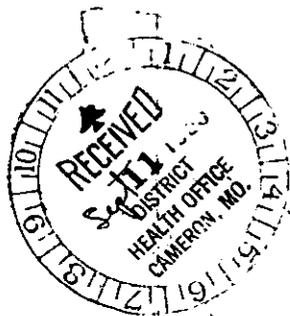
10.48

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>2017</u>		Registrar's No. <u>467</u>		
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>6 Mi. East Savannah</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah 0028</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) _____ c. (Last) <u>Tabler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>10-28-1875</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>10</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</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>Rosella Able</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Roy Smith, Savannah</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Stenosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 mo.</u> <u>10 years</u> <u>10 years</u> <u>44.3X</u>		
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>3-7</u> , 19 <u>50</u> , to <u>9-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>50</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Begin or title) <u>Hubert B. Kelleher</u>				23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>9-8-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Lane</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-8-50</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Best Funeral Home</u>		ADDRESS <u>Savannah Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

3028



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 _____

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *R. Lester Bram*

Licensed Embalmer No. *4472*

P. O. Address *Swannock 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.