No. 300
10.48

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

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39589

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6186 Registrar's No. 73

60
1

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longrun - Beaver Twp.
c. LENGTH OF STAY (in this place): Most of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Longrun Mo - Taney Co.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Taney 1060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Longrun Missouri Beaver Twp.
d. STREET ADDRESS (If rural, give location): Longrun Mo Taney Co. Beaver Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): ARCH
b. (Middle):
c. (Last): TABER

4. DATE OF DEATH (Month) (Day) (Year): Sept - 26 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Sept - 4 - 1871
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months: ; Days: 22
IF UNDER 24 HRS.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Missouri - Ozark Co.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Isaiah Taber
13b. MOTHER'S MAIDEN NAME: Rachel Hampton
14. NAME OF ~~HUSBAND~~ OR WIFE: Lilly Taber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 493-14-1364
17. INFORMANT'S SIGNATURE OR NAME: Lonnie Taber (Son)
ADDRESS: Ruetter Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
15 IX

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1st 1950, *to* Sept 1st 1950, *that I last saw the deceased alive on* Sept 1st 1950, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 10/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-1950
24c. NAME OF CEMETERY OR CREMATORY: Longrun Cemetery
24d. LOCATION (City, town, or county) (State): Longrun - Taney - Mo

DATE REC'D BY LOCAL REG.: Nov. 1 - 1950
REGISTRAR'S SIGNATURE: 976 L E Cogswell
25. FUNERAL DIRECTOR'S SIGNATURE: Blankenbeard Funeral Home
ADDRESS: Gainesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO. 1
District No. 5 - Springfield
RECEIVED NOV 9 1950
Dist. File 1150 - 2552
Date Filed 11-15-50

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 .....
Student Embalmer

Signed Chester G. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.