

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34722

State File No.

FILED NOV 3 1952

Registrar's No. 930-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) 530 North Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 530 North Franklin		e. STREET ADDRESS (If rural, give location) 530 North Franklin	

3. NAME OF DECEASED (Type or Print)	a. (First) JULIA	b. (Middle) ASHBROOK	c. (Last) TABOR	4. DATE OF DEATH (Month) (Day) (Year)
				October 14 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 30, 1897	9. AGE (In years last birthday) 55	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours	# UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Rockwood, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alex Ashbrook	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE George W. Tabor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME George W. Tabor, Springfield, Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 mos. 3 years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bile ducts		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X			

19a. DATE OF OPERATION 7-31-52	19b. MAJOR FINDINGS OF OPERATION Gallstones + Carcinoma of bile ducts	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7/28/1952** to **10/14/1952**, that I last saw the deceased alive on **10/14/1952**, and that death occurred at **5:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Edward G. Hall, Jr. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 10/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 10-29-52	REGISTRAR'S SIGNATURE Edith Williamson, Registrar	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer, Springfield, Mo.	ADDRESS BW
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Hall
H. ...

APR 24 1957

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 James W. Wair
Licensed Embalmer No. 46570

P. O. Address Springfield 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.