

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
V. 10.48

FILED MAR 9 - 1953

BIRTH NO. ....		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Douglas</u>				a. STATE <u>Mo</u>		b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN <u>Bronson</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>1060</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shopp Community</u>				d. STREET ADDRESS (If rural, give location) <u>Bronson, Mo</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Dale</u>			b. (Middle) <u>Taber</u>			c. (Last) <u>Taber</u>	
(Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			<u>March 24 1953</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>Dec 7<sup>th</sup> 1890</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>63</u>		11. BIRTHPLACE (State or foreign country) <u>Okla, Mo</u>	
13a. FATHER'S NAME <u>Issac Taber</u>		13b. MOTHER'S MAIDEN NAME <u>Carla Walte</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Taber</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>489-18-3954</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Taber</u>		ADDRESS <u>Forsyth</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Hypertension</u>			
				DUE TO (c) <u>Atherosclerosis</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?			
				331X		YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>3/27</u> , 19 <u>53</u> , to <u>3/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>53</u> , and that death occurred at <u>10:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Forsyth, M.D.</u>				23b. ADDRESS <u>Forsyth, Mo</u>		23c. DATE SIGNED <u>3/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LuTie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LuTie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-6-53</u>		REGISTRAR'S SIGNATURE <u>J. E. Cogwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Plinkinghead Funeral Home</u>		ADDRESS <u>LuTie, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Colbert B. Ware

Licensed Embalmer No. 4885

P. O. Address Quincyville, Md.

**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.