

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19020**

FILED JUN 2 1953

BIRTH NO. _____		REG. DIST. NO. 390		PRIMARY REG. DIST. NO. 4442		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Randolph <i>0880</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Higbee Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Higbee Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION John				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H c. (Last) Tanler			4. DATE OF DEATH (Month) (Day) (Year) May 25 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6 1882		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois /		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John Tanler			13b. MOTHER'S MAIDEN NAME Henrietta Schelle		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Tanler Higbee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon ANTECEDENT CAUSES Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				20. AUTOPSY? 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 May 1, 1951 , to May 25, 1953 , that I last saw the deceased alive on May 25, 1953 , and that death occurred at 8 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) V. J. Rabunson				23b. ADDRESS P.O. 2 Higbee, Mo		23c. DATE SIGNED 5-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 28 1953	24c. NAME OF CEMETERY OR CREMATOR		24d. LOCATION (City, town, or county) (State) Springfield Illinois		
DATE REC'D BY LOCAL REG. 5-28-53		REGISTRAR'S SIGNATURE JOE W. BURTON		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home Higbee Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1954

APR 1954

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 *W. J. McInerney*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow Pa*

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.