

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40211

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1297			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 6 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 723 South 11th St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 723 So. 11th St. Hovey Nursing Home				d. STREET ADDRESS (If rural, give location) 723 South 11th St.					
3. NAME OF DECEASED (Type or Print) John			a. (First)		b. (Middle)		c. (Last) Tabor		
4. DATE OF DEATH Dec. 2 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 1 1870	
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME John Tabor, Sr.			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Not given			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lewis Grueb-Wathena, Ks.					
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) Valvular Heart Lesion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis 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 3 months 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)			
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 10, 1954, to Dec 25, 1954, that I last saw the deceased alive on Dec 22, 1954, and that death occurred at 8:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE John G. Swails, M.D. (Degree or title)				23b. ADDRESS Wathena, Kansas			23c. DATE SIGNED 12-2-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-2-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Wathena, Kansas			
DATE REC'D BY LOCAL REG. Dec. 14, 1954		REGISTRAR'S SIGNATURE Catherine M. Allison		485- Harman Funeral Home-Wathena, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(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 Charles M. Starnes

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

**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.