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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19499**

State File No. ....

**FILED JUN 20 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 63

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Montgomery</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. CITY OR TOWN <u>Montgomery City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Tabitha</u> b. (Middle) _____ c. (Last) <u>Looker</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 10, 1955</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>January 14, 1868</u>	<b>9. AGE</b> (In years last birthday) <u>87</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 WKS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>house keeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Gamma Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Hampton Looker</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emily Davis</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. F. H. Tays</u>	<b>ADDRESS</b> <u>Montgomery City, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>SHADEN DEATH</u>  <u>15 YEARS</u>  <u>20 YRS</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CEREBRAL EMBOLISM</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC ENDORRITIS</u> DUE TO (c) <u>CHRONIC INTERSTITIAL NEPHRITIS</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>592 X</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from JUN 11, 1955 to JUNE 10, 1955, that I last saw the deceased alive on JUNE 9, 1955, and that death occurred at 1:55 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Chas Van Cundale 2nd</u>	<b>23b. ADDRESS</b> <u>Montgomery City</u>	<b>23c. DATE SIGNED</b> <u>6-13-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>June 13, 1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Montgomery Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Montgomery City, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 14 - 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Louise S. Callaway</u>	<b>500</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ed Blank</u>	<b>ADDRESS</b> <u>Funeral Home, Montgomery City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed.....  
*E. Beane Schlank*

Licensed Embalmer No. *41*

P. O. Address *Montgomery*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.