

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

**9413**

State File No. \_\_\_\_\_

**FILED MAR 23 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 129

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u> c. LENGTH OF STAY (in this place or township) <u>40 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1007 South Haden</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>1007 South Haden</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>HARRY</u> b. (Middle) <u>LOYD</u> c. (Last) <u>TABER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 12 1956</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>March 17 1869</u>	<b>9. AGE</b> (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Machinest</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Machine shop</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Pennsylvania</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>George Taber</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah (last unknown)</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cora Taber</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</b> <u>492-14-9566</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Cora Taber 1007 S. Haden Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Had to have pneumonia from Feb 22-1956 &amp; in hospital treated and -1956</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 mo</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>No operations</u>	<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> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Feb 22, 1956, to March 12, 1956, that I last saw the deceased alive on March 10, 1956, and that death occurred at 5:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>E. H. Allen M.D.</u>	<b>23b. ADDRESS</b> <u>Independence, Mo</u>	<b>23c. DATE SIGNED</b> <u>3-14-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3/15/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mount Grove Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Independence, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-14-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James [Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Wilton L. Topley</u> <u>Indep. Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

MS MAY 3 1961

MAY 10 1961

40 11 16 11 7

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 *Wilson L. Taylor*.....

Licensed Embalmer No. 42

P. O. Address *Indep*.....

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.