

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12645

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>61</u> | | PRIMARY REG. DIST. NO. <u>4107</u> | | Registrar's No. <u>24</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | | |
| b. CITY OR TOWN <u>El Dorado Spgs.</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>El Dorado Spgs.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <u>224 W. Hickory</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Yulah</u> | | b. (Middle) <u>Jane</u> | | c. (Last) <u>Tabor</u> | |
| 4. DATE OF DEATH | | (Month) <u>4</u> | | (Day) <u>22</u> | | (Year) <u>56</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>Nov 17 1908</u> | |
| 9. AGE (in years last birthday) <u>47</u> | | 10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Thomas Bland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jessie</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Richard Tabor - El Dorado Spgs.</u> ADDRESS _____ | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *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 | | | |
| Morbid 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. | | | | 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) (Min) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:10 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. N. Givins</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>El Dorado Springs Mo.</u> | | 23c. DATE SIGNED <u>4-23-1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-24-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Walter Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-24-56</u> | | REGISTRAR'S SIGNATURE <u>George W. Maher</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Parthos - El Dorado Spgs.</u> 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.....
Signature of Student Embalmer

Signed.....
May W. Richering

Licensed Embalmer No.....
467

P. O. Address.....
El Dorado

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.