

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018550
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2706

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hannassee City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Hannassee City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Anna Mae Ward Home</i> Length of stay in lb <i>14 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>808 Prospect</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <i>ADAM FRANKLIN TABOR</i>			4. DATE OF DEATH Month Day Year <i>5-26-1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-10-1903</i>
9. AGE (In years last birthday) <i>54</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ark.</i>	
11. BIRTHPLACE (City and state or country) <i>Ark.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Geo. W. Tabor</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Melton</i>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Josephine Tabor</i> Address <i>KC MO</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Nephritis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Known Diabetic (untreated)</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>260*</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>4-8-58</i> to <i>5-26-58</i> and last saw her/him alive on <i>5-26-58</i> Death occurred on <i>10:01 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank Paul Laurezana</i>		22b. ADDRESS <i>428 S White ave</i>	
22c. DATE SIGNED <i>5-26-58</i>			
23a. METHOD OF CREMATION REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>5-28-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Patterson Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Pyatt, Ark.</i>	
24. FUNERAL DIRECTOR <i>Laosantoro Bros</i> ADDRESS <i>KC MO</i>		25. DATE RECD. BY LOCAL REG. <i>5-28-58</i>	
26. REGISTRAR'S SIGNATURE <i>neva minshell</i>			

Frank Paul Laurezana
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

*WAC...
Recd 5/26/58 10:01 PM*

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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 *Leonard Pasantino*

Licensed Embalmer No. *4554*
P. O. Address *Kc Mo*

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.