

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000691

AMENDED

Registration District No. 5-9 Primary Registration District No. \_\_\_\_\_ Registrar's No. 21 STATE FILE NUMBER

1. PLACE OF DEATH FILED FEB 6 1962

a. COUNTY CASS

b. CITY (If outside corporate limits, give TOWNSHIP only) Creighton Length of stay in 1b 1 YEAR

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY CASS

c. CITY OR TOWN Creighton Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

FANNIE MAE TABOR 1 29 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-2-1901 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) DEEPWATER, Missouri U.S.A 12. CITIZEN OF WHAT COUNTRY \_\_\_\_\_

13a. FATHER'S NAME ALFRED F. WILLIAMS 13b. MOTHER'S MAIDEN NAME SALLIE M. FERGUSON 14. NAME OF HUSBAND OR WIFE JOSEPH FRANKLIN TABOR

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 Mr. Frank Tabor Creighton Mo. Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis 5 yrs

DUE TO (c) Hypothyroidism 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 2:30 1962 to Jan 29, 1962 and last saw her alive on Jan 29, 1962 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. G. Fensch (Degree or title) MD 22b. ADDRESS Lansdownville Ind 22c. DATE SIGNED 2/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-2-1962 23c. NAME OF CEMETERY OR CREMATORY PARKER CEMETERY 23d. LOCATION (City, town, or county) (State) Creighton, Missouri

24. FUNERAL DIRECTOR Wilson - City, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 2/2/62 26. REGISTRAR'S SIGNATURE Miss Ray Sebra

DATE AMENDED \_\_\_\_\_

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS \_\_\_\_\_

INSTEAD OF \_\_\_\_\_

DOCUMENT \_\_\_\_\_

MEDICAL CERTIFICATION \_\_\_\_\_

BY AFFIDAVIT OF \_\_\_\_\_

SHOULD READ \_\_\_\_\_

ITEM NO. \_\_\_\_\_

**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 Bing J. Lively

Licensed Embalmer No. 4685

P. O. Address Shelton City, Md.

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.