MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 264 Primary Registration District No. 6291 Registrar's No. 21

FILED MAY 14 1962

62-016208
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6770
2 6770
3
4 1
5 1
6
7 1
8 2
9 174X
10
11
12 90-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Longrun
Length of stay in 1b: 86 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Longrun, M
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Longrun Twsp
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Margaret Middle: Last: Taber
4. DATE OF DEATH: Month 5 Day 4 Year 1962
5. SEX: Fe.
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-22-1874
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Blankenship
13b. MOTHER'S MAIDEN NAME: Armanda Nance
14. NAME OF HUSBAND OR WIFE: R.F. Taber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: 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): Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma
DUE TO (c): Carcinoma uterus.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): General debility - Age
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 a.m. p.m. Month, Day, Year
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 5-27-62 to 5-4-62 and last saw her alive on 5-2-62
Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Arthur L. Beard MD (Degree or title)
22b. ADDRESS: Gainesville, Mo.
22c. DATE SIGNED: 5-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-6-62
23c. NAME OF CEMETERY OR CREMATORY: Longrun
23d. LOCATION (City, town, or county) (State): Longrun, Mo.

24. FUNERAL DIRECTOR: Clinkingbeard, Gainesville, Mo
ADDRESS
25. DATE RECD. BY LOCAL REG.: 5/11/62
26. REGISTRAR'S SIGNATURE: Lou Anna Wade

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained OES

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Gainesville 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.