

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 8

-62-019941

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered on FILED JUN 5 1962 Primary Registration District No. _____ Registrar's No. 75

VS 300
Rev. 4/59

6860
28200

3
4 *0*
5 *1*
6
7 *1*
8 *2*
9861X
10 *39*
11086
1291-3
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Massachusetts</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural---Union Twp.</u>		Length of stay in lb	c. CITY OR TOWN <u>Weston 93</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville, Missouri</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>37 Radcliff Road</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Gustav</u> Last <u>Tabors</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1962</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-16-14</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>President and Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electronics</u>		11. BIRTHPLACE (City and state or country) <u>Chicago, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			13a. FATHER'S NAME <u>August Taborsky</u>		
13b. MOTHER'S MAIDEN NAME <u>Cecelia Glanz</u>			14. NAME OF HUSBAND OR WIFE <u>Esther Tabors</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>			16. SOCIAL SECURITY NO. <u>WW II</u>		
17. INFORMANT <u>Esther Tabors, 37 Radcliff Road, Weston 93, Mass.</u>			18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries from plane crash</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Crash of Continental Flight 11</u>	
20c. TIME OF INJURY <u>9:45 p.m.</u>		Month, Day, Year <u>5/22/62</u>			
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.) <u>on farm</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Union Twp. Putnam Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:45</u> Pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>Phas J. Johnson</i>			22. ADDRESS <u>Unionville, Missouri</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/24/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Crematory</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <i>High Johnson</i>			
25. DATE RECD. BY LOCAL REG. <u>5-24-62</u>			26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>		

VS JUN 5 1962

VS JUN 7 1962

SEP 28 1962

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 Hugh J. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, 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.