

62-031950

STATE FILE NUMBER

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 144

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 27 1962

1. PLACE OF DEATH a. COUNTY Pemiscot b. CITY Deering c. FULL NAME OF HOSPITAL OR INSTITUTION Deering

2. USUAL RESIDENCE a. STATE Mo. b. COUNTY Dunklin c. CITY OR TOWN Kennett Mo. d. STREET ADDRESS Kennett Gen. Del.

3. NAME OF DECEASED Forrest Taber 4. DATE OF DEATH Aug. 8th, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 17.1909 9. AGE 53

10a. USUAL OCCUPATION Laborer 10b. KIND OF BUSINESS OR INDUSTRY Labor 11. BIRTHPLACE Pascola Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Commadose Taber 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No. 17. INFORMANT Mrs Bobbie Milburn Deering Mo.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 8-62 to Aug 8, 1962 and last saw him alive on Aug 8, 1962 Death occurred 3.00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Scott Peterson (Degree or title) M.D. 22b. ADDRESS Kennett Mo. 22c. DATE SIGNED 8-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-10-62 23c. NAME OF CEMETERY OR CREMATORY Nimmons Cemetery 23d. LOCATION (City, town, or county) Nimmons Ark.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo. 25. DATE RECD. BY LOCAL REG. 8-15-62 26. REGISTRAR'S SIGNATURE Charlette E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59 20780 20355

DATE AMENDED

3 4 0 5 3 6 7 0 8 2 9420.1 10 11 1290-0 13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 2 1963

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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.