

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1950

BIRTH NO. _____ REG. DIST. NO. 714 PRIMARY REG. DIST. NO. 5303 Registrar's No. 10

0260

1. PLACE OF DEATH
 a. COUNTY COLE
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 9 MILE WEST JEFF. CITY
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Home R#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI
 b. COUNTY COLE
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 9 MILE WEST JEFF. CITY, MO.
 d. STREET ADDRESS (If rural, give location) R#1

3. NAME OF DECEASED
 a. (First) HENRY
 b. (Middle) CLINTON
 c. (Last) TAGGART

4. DATE OF DEATH (Month) (Day) (Year)
JAN. 10 1950

5. SEX MALE
 6. COLOR OR RACE WHITE
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVER MARRIED
 8. DATE OF BIRTH APRIL 20, 1894
 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
 10b. KIND OF BUSINESS, OR INDUSTRY FEDERAL GOVT.
 11. BIRTHPLACE (State or foreign country) COLE COUNTY, MO.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT TAGGART
 13b. MOTHER'S MAIDEN NAME SARA KIRK
 14. NAME OF HUSBAND OR WIFE NONE

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'S SIGNATURE OR NAME MRS. ERNEST FLEMING ADDRESS J. MO.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary sclerosis
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1/2 hr.
1 1/2 yrs.
4 yr.

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 10, 1949, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Dorris M.D.
 23b. ADDRESS 1, Dallmeier Bldg
 23c. DATE SIGNED 1/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
 24b. DATE 1-12-50
 24c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETARY
 24d. LOCATION (City, town, or county) (State) MARION, MISSOURI

DATE REC'D BY LOCAL REG. Jan 11-1950
 REGISTRAR'S SIGNATURE R. P. Dorris M.D. - M.D.
 25. FUNERAL DIRECTOR'S SIGNATURE T. Annunzio ADDRESS J. MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 13 1950
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed *Donald P. Freeman*

Licensed Embalmer No. *4623*

P. O. Address *Jemo*

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 this body is not embalmed, fact should be so stated above.