

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 532

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		d. STREET ADDRESS (If rural, give location) <u>301 So. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>JEROME</u> c. (Last) <u>TAGGART</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1949</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 18, 1872</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jerome Taggart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Dallas Taggart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Taggart</u>		ADDRESS <u>Carrollton Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1102X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>April 2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>47</u> , to <u>Jan 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>49</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Peaty</u> M.D. (Degree or title)				23b. ADDRESS <u>Carrollton Missouri</u>		23c. DATE SIGNED <u>1-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wharton Cem</u>		24d. LOCATION (City, town or county) (State) <u>Cosworth Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-12-49</u>		REGISTRAR'S SIGNATURE <u>Miss Verberle Cabell</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Standley & Gibson</u>		ADDRESS <u>Carrollton Mo.</u>			

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-49

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.....

Wm R. Koch

Student Embalmer No. 242

working under my personal supervision.

Student William R. Koch
Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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 this body is not embalmed, fact should be so stated above.