

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10284
Registrar's No. 1356

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1356</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>)		c. LENGTH OF STAY (in this place) <u>31 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>515 Shady Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>515 Shady Ave.</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Mary</u>		b. (Middle) <u>Magdialene</u>		c. (Last) <u>Taff</u>		(Month) <u>Dec.</u>	(Day) <u>4</u>		
(Year) <u>1949</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9th, 1885.</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____		
IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>William S. Harryman</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Haydon Liebook</u>		14. NAME OF HUSBAND OR WIFE <u>Marcus A. Taff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-24-7898</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marcus A. Taff</u>		ADDRESS <u>515 Shady Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CHOLECYSTITIS, CHRONIC</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 DAYS</u> <u>2 YRS</u> <u>585X</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>MAY</u> , 19 <u>48</u> , to <u>4 DEC</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4 DEC</u> , 19 <u>49</u> , and that death occurred at <u>3:45 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clarence C. Harrison, M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5 Dec 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 7th, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 13, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Sidenfaden</u>		ADDRESS <u>602 So. 10th St. Joseph Mo</u>			

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

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.

Signed.....

Mollie E. Sidenfaden Jr.

Signed.....

Student Embalmer

Licensed Embalmer No.

4235

P. O. Address.....

St Joseph, 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.