

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1950

State File No. 43380

IRTH NO. 85337-49 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No.

1. PLACE OF DEATH: a. COUNTY: SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY SCOTT		
b. CITY OR TOWN: CHAFFEE		c. LENGTH OF STAY (In this place) 6 mo.	c. CITY OR TOWN: CHAFFEE		d. STREET ADDRESS (If rural, give location) 121 GRAY
d. FULL NAME OF HOSPITAL OR INSTITUTION: 121 GRAY			d. STREET ADDRESS (If rural, give location) 121 GRAY		
3. NAME OF DECEASED (Type or Print) BABY BOY			a. (First) BOY	b. (Middle)	c. (Last) TAEGER
4. DATE OF DEATH	(Month)	(Day)	(Year)		
	12	19	'49		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH 12-19-49	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
				6	IF UNDER 24 HRS. Hours Min.
				6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO/IL	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME EVELYN J. TAEGER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elma E. Kira ADDRESS 121 Gray		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES					
Morbidity 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.		
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 Dec 19, 1949 , to Dec 19, 1949 , that I last saw the deceased alive on Dec 19, 1949 , and that death occurred at 3 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Francis J. Orolowski D.O.			23b. ADDRESS 201 S. Main Chaffee, Mo.		23c. DATE SIGNED 12/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-19-49	24c. NAME OF CEMETERY OR CREMATORY Union Park Cem.		24d. LOCATION (City, town, or county) (State) CHAFFEE MO.	
DATE REC'D BY LOCAL REG. 12/22/49	REGISTRAR'S SIGNATURE H.B. MacCreedy		25. FUNERAL DIRECTOR'S SIGNATURE P.M. ...	ADDRESS CHAFFEE MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 30 1911
District Health Office N
District File Number 1249
Date Filed _____

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

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.