

FILED MAR 30 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9759**

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **223**

0732

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1013 No. College	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1013 N. College			
3. NAME OF DECEASED a. (First) Clifton b. (Middle) Earl c. (Last) Taggart			4. DATE OF DEATH March 11, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED* (Specify) Single	8. DATE OF BIRTH Jan. 24, 1888
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 1 Days 17	11. 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 Common	11. BIRTHPLACE (State or foreign country) Columbus Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Luthur F. Taggart		13b. MOTHER'S MAIDEN NAME Maggie Balbert	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. Kate Shifflett, Washington D.C.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes 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.	
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) m.	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 3-5 , 19 50 , to 3-11 , 19 50 , that I last saw the deceased alive on 3-10 , 19 50 , and that death occurred at 12:30P m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Neosho Mo	23c. DATE SIGNED 3-15-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-50	24c. NAME OF CEMETERY OR CREMATORY Hazel Green	24d. LOCATION (City, town, or county) (State) Boulder City Newton Missouri
DATE REC'D BY LOCAL REG. March 14, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Neosho Mo.

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number MAR 29 1950

Date Filed 250-73

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 Ellie Kessel

Licensed Embalmer No. 4690

P. O. Address Worsho, Ma

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.