

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26176

BIRTH NO.		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 4061	Registrar's No. 47
1. PLACE OF DEATH a. COUNTY CALDWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER 0130		
d. FULL NAME OF HOSPITAL OR INSTITUTION MAIN ST.		d. STREET ADDRESS (If rural, give location) MAIN ST.		
3. NAME OF DECEASED (Type or Print) MACKIE DAVIES TAIT		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 9, 1861	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 8 IF UNDER 24 HRS. Days 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBER & MILL WORK		10b. KIND OF BUSINESS OR INDUSTRY LUMBER BUSINESS DUART, ONTARIO CANADA		11. BIRTHPLACE (State or foreign country) 2 ONTARIO CANADA
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME JOHN TAIT		13b. MOTHER'S MAIDEN NAME ANN E. SIMPSON		14. NAME OF HUSBAND OR WIFE MRS. LAVINA TAIT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN A. CORNETT BRAYMER, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Hepatic Fibrosis Arteriosclerosis Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supp report)		INTERVAL BETWEEN ONSET AND DEATH 1 hr. years years
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 April 16, 1950, to July 19, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 3:00 p.m. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John P. Crank, M.D.		23b. ADDRESS Graymer, Mo.		23c. DATE SIGNED 7-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 21, '50		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY
				24d. LOCATION (City, town, or county) (State) BRAYMER, MO.
DATE REC'D BY LOCAL REG. 8-10-50		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones 373		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene C. Michael, Graymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1950

MAY 18 1951

JUL 6 1951

JAN 13 1951

MAY 8 1951



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 Llew C. Michael

Signed _____
Student Embalmer

Licensed Embalmer No. 4340

P. O. Address Brymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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