

FILED SEP 13 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26265

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 0787		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Cape Girardeau.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allenville Mo Hubble		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Allenville Mo. Hubble		d. STREET ADDRESS (If rural, give location) 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allenville Mo.							
3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) John c. (Last) Tacke			4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1950				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 22 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 10	IF UNDER 24 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arnsberg MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adolph Tacke		13b. MOTHER'S MAIDEN NAME Nancy Milster		14. NAME OF HUSBAND OR WIFE Hester Below Tacke.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs F J Tacke ADDRESS Allenville 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* (a) myocarditis old age ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 4222	
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 Jan 10, 1950 to Sept 2, 1950 that I last saw the deceased alive on Sept 2, 1950 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. DAYAU ET AL.				23b. ADDRESS Stella 700		23c. DATE SIGNED 9/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 6 1950		24c. NAME OF CEMETERY OR CREMATORY Zeion M E Cematory		24d. LOCATION (City, town, or county) (State) Old Appleton Mo.	
DATE REC'D BY LOCAL REG. Sept 5-50		REGISTRAR'S SIGNATURE A. G. Sibons 43		25. FUNERAL DIRECTOR'S SIGNATURE McLomb Starnes & Co Jackson, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 19 1950

DEPT. HEALTH OFFICE NO.
File No.

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson, 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.