

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28325**
Registrar's No. **3444**

15 AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 22 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 31048	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 EAST 40TH STREET		d. STREET ADDRESS (If rural, give location) 1111 EAST 40TH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) O'Keefe c. (Last) TAUSSIG			4. DATE OF DEATH (Month) (Day) (Year) JULY 29 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH March 9 - 1888	9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tax Counselor
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Tax Counselor	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis TAUSSIG		13b. MOTHER'S MAIDEN NAME Evelyn A. O'Keefe		14. NAME OF HUSBAND OR WIFE Olga K. Taussig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 1-1911 to 6-1914		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Olga K. Taussig 1111 E - 40th St	

18. CAUSE OF DEATH (Water only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Thrombosis			Sudden
ANTECEDENT CAUSES		DUE TO (b) arterio-sclerosis			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Chromelonephritis			59 3/4
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		Anemia poor Diet.			
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 April 1950 to July 29, 1952, that I last saw the deceased alive on July 27, 1952 and that death occurred at Home from the causes and on the date stated above.

23a. SIGNATURE Leslie L. Hardy (Degree or title) MD		23b. ADDRESS 4602 Troost		23c. DATE SIGNED 7-29-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 1 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-31-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O.H. Newcomer 1331 BRUSH CREEK KANSAS CITY MO.			

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.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 14182

P. O. Address Kansas City, 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.