

FILED AUG 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25564

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 572	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, Mo		c. LENGTH OF STAY (In this place) 12		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, Mo		0581	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 137 E Hauser St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Edith			b. (Middle) Tainter			c. (Last) Tainter	
4. DATE OF DEATH		(Month) 8		(Day) 2		(Year) 53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 2, 1879	
9. AGE (In years last birthday) 73		10. MONTHS 9		11. DAYS 9		12. HOURS & MIN. Hours: _____ Min.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Barryville, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Johnson Buster		13b. MOTHER'S MAIDEN NAME Betty Ann Malone	
14. NAME OF HUSBAND OR WIFE George Tainter				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 George Tainter Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER INTERVAL BETWEEN ONSET AND DEATH UNKNOWN ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SEVERE HEPATITIS + CHOLANGITIS 3 months DUE TO (c) CHRONIC CHOLECYSTITIS + CHOLELITHIASIS UNK. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION July 15, 1953		19b. MAJOR FINDINGS OF OPERATION EXPLORATORY LAPAROTOMY; FINDINGS AS ABOVE — 584X				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 Nov. 19 53 to Aug. 19 53, that I last saw the deceased alive on Aug. 2, 1953, and that death occurred at 5:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Paul T. Berry M.D.				23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 8-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 4		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Marceline, Mo	
DATE REC'D BY LOCAL REG. 8/2/53		REGISTRAR'S SIGNATURE Mary Jane Owens		FUNERAL DIRECTOR'S SIGNATURE Karl M. Jacob		ADDRESS Marceline, Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

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

NOV 3 1958

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marion, Ia

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.