

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

33450

State File No.

FILED NOV 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Daviness</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviness</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gallatin</u>		c. CITY OR TOWN <u>Gallatin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gladys</u>	b. (Middle) <u>Maxine</u>	c. (Last) <u>Tague</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 24 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26 1917</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviness Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Sears</u>	13b. MOTHER'S MAIDEN NAME <u>Orpha Marchant</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Tague</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. LaRue Loxterman, Gallatin, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u>		
	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"/>
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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) <u>153X</u>
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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?
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22. I hereby certify that I attended the deceased from June 1954, to Oct 24, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Floyd E. Nelson, DPT</u>	(Degree or title)	23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>10-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-6-54</u>	REGISTRAR'S SIGNATURE <u>Helen M Engelhart</u>	25. EMBALMER'S SIGNATURE <u>F. D. Anderson</u>	ADDRESS <u>Hope Funeral Home Gallatin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *L. O. Richesson*.....

Licensed Embalmer No. *330*.....

P. O. Address *Gallatin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.