

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028485
STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 67

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Carrollton</u> OR TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bosworth</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bales Hospital</u>		Length of stay in 1b <u>2 days</u>	
d. STREET ADDRESS		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Lockerby</u> Last <u>Taggart</u>			4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 27; 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Line Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>17</u> Days <u>17</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. <u></u>
11. BIRTHPLACE (City and state or country) <u>Bosworth MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Leo Taggart</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Thompson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>306-10-1451</u>	
17. INFORMANT <u>Mrs. Mae Taggart</u>		Address <u>Bosworth MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4 cerebro vascular accidents in past 2 mo.</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-12-58</u> to <u>8-14-58</u> and last saw her him alive on <u>8/7/58</u> Death occurred at <u>2:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. W. Allen</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Carrollton, Mo.</u>	
22c. DATE SIGNED <u>18 AUG 58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 17. 58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Wharton</u>	23d. LOCATION (City, town, or county) (State) <u>4M.S.E Bosworth MO.</u>
24. FUNERAL DIRECTOR <u>Leipard-Edwards</u> ADDRESS <u>Bosworth MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-20-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Lecher</u>			

(Licensed Embalmer's Statement on Reverse Side)

450

AUG 26 1958

OCT 15 1959

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 *David G. Edwards*

Licensed Embalmer No. 3265

P. O. Address Bosworth M

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.