Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044994

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: STOVER — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5TH. + OAK ST. — Length of stay in Ib: 15 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: STOVER 0718 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5th + OAK ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LOUIS Middle: F. Last: TAGTMEYER

4. DATE OF DEATH: Month: DEC. Day: 17 Year: 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: APRIL 22 1880
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months: 7 Days: 26 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): MORGAN COUNTY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WM. TAGTMEYER
13b. MOTHER'S MAIDEN NAME: DOROTHEA FRIDAY
14. NAME OF HUSBAND OR WIFE: ANNA TAGTMEYER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-26-0325
17. INFORMANT: ANNA TAGTMEYER Address: STOVER MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Esophageal Hemorrhage. — Months.
DUE TO (c) Metastatic Adenocarcinoma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1992
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 8/1/58, to 12/17/58 and last saw him alive on 12/17/58
Death occurred at 2:55 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Howard L. Jaffa DO (Degree or title)
22b. ADDRESS: STOVER, MO
22c. DATE SIGNED: 12/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 19 1958
23c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
23d. LOCATION (City, town, or county) (State): STOVER MO.

24. FUNERAL DIRECTOR: J. L. Stevinson ADDRESS: Stover Mo
25. DATE REC'D BY LOCAL REG.: Dec. 18 1958
26. REGISTRAR'S SIGNATURE: Wm L. Ringenger

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS FEB 18 1960

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 J. L. Shimmon

Licensed Embalmer No. 4073

P. O. Address Stover 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.