

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035969

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 124

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY HARRISON		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN RURAL (ADAMS TWP.)		a. STATE MISSOURI b. COUNTY HARRISON		c. CITY OR TOWN (RURAL) ADAMS TWP.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION at home.		Length of stay in 1b 70 yr		d. STREET ADDRESS (if outside, give location) 9 Mile South East Bethany		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY VILAS TAGGART				4. DATE OF DEATH Month Day Year 10 - 13 - 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1888	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and state or country) HARRISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME WILLIAM TAGGART			13b. MOTHER'S MAIDEN NAME MARY KNIGHTHART			14. NAME OF HUSBAND OR WIFE LULLIE TAGGART	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address LULLIE TAGGART BETHANY, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlusion							Sudden
DUE TO (b) arteriosclerosis							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. _____		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 Aug 56 to Oct 13, 59 and last saw him alive on Oct 10, 59 . Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D J Evans MD				22b. ADDRESS 1 Weston Ave			22c. DATE SIGNED 10/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-15-1959	23c. NAME OF CEMETERY OR CREMATORY ANTIOCH		23d. LOCATION (City, town, or county) (State) BETHANY, MO.		
24. FUNERAL DIRECTOR NAME ADDRESS M. H. Hays BETHANY, MO.				25. DATE RECD. BY LOCAL REG. 10-15-1959		26. REGISTRAR'S SIGNATURE Jella Mayer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 M B Haas
M. B. HAAS,

Licensed Embalmer No. 3899

P. O. Address BETHANY, MISSOURI

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.