DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-039497
STATE FILE NUMBER

MENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 1

1. PLACE OF DEATH a. COUNTY: DAVIESS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: HARRISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: GALLATIN — Length of stay in 1b: 3 WK	c. CITY OR TOWN: BETHANY RURAL — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SULLIVAN REST HOME — Inside Limits: Yes [X] No [ ]	d. STREET ADDRESS (If outside, give location): Blue Ridge Com. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: JENNIE	Middle: O.	Last: TAGGART	4. DATE OF DEATH	Month: 11-5-1959 Day: Year:
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]	8. DATE OF BIRTH: 1-21-1879	9. AGE (last birthday): 80 - 9 - 14	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): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: FARM	11. BIRTHPLACE (City and state or country): HARRISON C. MO.	12. CITIZEN OF WHAT COUNTRY: U. S.		
13a. FATHER'S NAME: P. L. THOMAS	13b. MOTHER'S MAIDEN NAME: MINNIE HAZELDON	14. NAME OF HUSBAND OR WIFE: ORLEY B. TAGGART			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Pre-arranged Jennie Taggart	Address: BETHANY, MO.		

MEDICAL CERTIFICATION

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)	Osteo Sarcoma of left hip	1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Malignancy of chest & throat	3 mths
DUE TO (c)	Severe Secondary anemia	1 mth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Xray diagnosis, hip specialist was Sarcoma of hip

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 Oct 1, to 11/5/59 and last saw her/him alive on 11/4/59

Death occurred at 11/5/59 1:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H Bailey D.D.	22b. ADDRESS: Gallatin, Mo.	22c. DATE SIGNED: 11-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-7-1959	23c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW	23d. LOCATION (City, town, or county) (State): BETHANY, MO.
24. FUNERAL DIRECTOR: M B Haas	ADDRESS: BETHANY, MO.	25. DATE RECD. BY LOCAL REG.: 11-8-1959	26. REGISTRAR'S SIGNATURE: Virgil M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 14 1980

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_____ Signed M S Lane

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.