

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012359

STATE-FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 510 Primary Registration District No. 3058 Registrar's No. 87

FILED APR 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b 6 1/2 Months	c. CITY OR TOWN Union
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Union
3. NAME OF DECEASED (Type or print) First Dr. Walter Middle G. Last Tainter		4. DATE OF DEATH Month Mar. Day 23 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1876
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 4 Days 11 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	11. BIRTHPLACE (City and state or country) Hermann, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George W. Tainter	
13b. MOTHER'S MAIDEN NAME Mary Weinert		14. NAME OF HUSBAND OR WIFE Rose Clepper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Fred Tainter, St. Charles, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Bilateral Pneumothorax 3 days		DUE TO (c) Multiple Fractured Ribs - Bilateral 3 days	
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 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.) Auto Accident	
20c. TIME OF INJURY 4:00 p.m.	Month, Day, Year Mar 21 62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 3/21/62 to 3/23/62 and last saw him alive on 3/23/62		Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Francis J. Tainter, M.D.		22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED 3/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 26, 1962	23c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery	23d. LOCATION (City, town, or county) St. Charles, Mo.
24. FUNERAL DIRECTOR H C. Dallmeyer & Sons, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. 3/24/62	26. REGISTRAR'S SIGNATURE Marcella Wilson	

USE BLACK INK OR TYPEWRITER RIBBON

APR 3 1963

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 Charles J. Macke

Licensed Embalmer No. 4530

P. O. Address St. Charles 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.