

32245

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8327

No. 300

10.48

FILED OCT 7 1949

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 24 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri		4			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) RR - 925 Latney					
3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) EDWARD c. (Last) TAFT			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 29, 1892			
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Edwin Taft		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ferri Taft			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME James Taft, Mexico, Mo. ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 930 STATE _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH 3-X					
22. I hereby certify that I attended the deceased from 9/2 , 19 49 , to 9/26 , 19 49 , that I last saw the deceased alive on Sept 26 , 19 49 , and that death occurred at 7:30 p m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas J. Stewart, M.D.				23b. ADDRESS 1755 S. Grand St. Louis Mo		23c. DATE SIGNED 9/27/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-27-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Mexico, Mo.			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. B. Parster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington P					

SEP 27 1949

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19 1949

MAR 16 1951

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 ME

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. W. Wilkinson

Licensed Embalmer No. 35175

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.