

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40285**
Registrar's No. **1411**

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| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 1411 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch. | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph | | c. LENGTH OF STAY (In this place) 55 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2529 South 15th. Street. | | | | d. STREET ADDRESS (If rural, give location) 2405 North 7th. Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Myrtie | | b. (Middle) E. | | c. (Last) Taulman | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 30, 1879 | |
| 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) Joplin, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Edward Bullee | | 13b. MOTHER'S MAIDEN NAME Mattie Blackwell | | 14. NAME OF HUSBAND OR WIFE Harvey R. Taulman | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey R. Taulman - St. Joseph, Missouri | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis 4 yr. & hypertension DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage residual | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 4 yr. 6 hrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE) 4522 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Sept. 1945 , to Dec. 20, 1949 , that I last saw the deceased alive on Dec-17, 1949 (and that death occurred at 5:15 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE W. J. Deatherly, D. (Degree or title) | | | | 23b. ADDRESS St. Joseph, Mo. | | 23c. DATE SIGNED 12-21/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-22-49 | | 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | |
| DATE REC'D BY LOCAL REG Dec. 24, 1949 | | REGISTRAR'S SIGNATURE G. B. Jenkins 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Missouri | | | |

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

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.

Signed Charles M. Garrison

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.