

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41571

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 30376 Registrar's No. 94

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>55</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>328 E. Cozick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>328 Cozick</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u>		b. (Middle) <u>R</u>		c. (Last) <u>Tagard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 5 - 1949</u>	
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct 14 - 1861</u>		9. AGE (In years last birthday) <u>88</u> <u>1</u> <u>21</u> Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Christian County</u>		12. CITIZEN OF WHAT COUNTRY? <u>LAWRENCE</u>	
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13a. FATHER'S NAME <u>PERCY</u>		13b. MOTHER'S MAIDEN NAME <u>MARLES</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WEBB</u>		14. NAME OF HUSBAND OR WIFE <u>ERNEST TAGARD DECEASED</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PERCY THOMAS</u> ADDRESS <u>Aurora R-2</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>							
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Senility</u>						7500	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pallor (sub-clinical)</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Oct. 2, 1949, to Dec 5, 1949, that I last saw the deceased alive on Dec 3, 1949, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Avery Watson D.O.</u> (Degree or title)		23b. ADDRESS <u>Desona, Mo</u>		23c. DATE SIGNED <u>12-6-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6 Dec 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Platteau, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 6-49</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles F. Mack</u> ADDRESS <u>Quinn, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 12 1949
District Health Office No. 6,
District File Number 1249-1367
Date Filed 12-14-49

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 By M

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Charles F. Mark

Licensed Embalmer No. 3812

P. O. Address Jerome 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.