

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22505**

FILED JUL 25 1951

BIRTH NO. **42 899-51** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. # 3 JEFFERSON CITY, MO.	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) 0260	
3. NAME OF DECEASED (Type or Print) a. (First) JUDIE b. (Middle) MAE c. (Last) TAUBE			4. DATE OF DEATH (Month) (Day) (Year) JULY 16, 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 14, 1951
9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (State or foreign country) JEFFERSON CITY, MO.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH TAUBE		13b. MOTHER'S MAIDEN NAME MILDRED RABB	14. NAME OF HUSBAND OR WIFE NOEN NONE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME Joseph Taube ADDRESS JEFFERSON CITY, MO.
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-cranial Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Excessive uterine contractions during labor. DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 760.0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 7-14 , 19 51 , to 7-16 , 19 51 , that I last saw the deceased alive on 7-16 , 19 51 , and that death occurred at 10:30 AM from the causes and on the date stated above.			
23a. SIGNATURE John S. Bennett, M.D.		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 7-20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 17, 1951	
24c. NAME OF CEMETERY OR CREMATORY ST. FRANCIS XAVIER		24d. LOCATION (City, town, or county) (State) JEFFERSON CITY, MO.	
DATE REC'D BY LOCAL REG. July 21-1951		REGISTRAR'S SIGNATURE R.P. Harris MD	
25. FUNERAL DIRECTOR'S SIGNATURE Josephine Dulle		ADDRESS J. C. MO.	

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

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-24-51

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
Student Embalmer

Signed.....

Sylvester Dulla

Licensed Embalmer No. 4321

P. O. Address *Jiffenow City*

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.