S. No. 300
v. 10-48

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27400

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 389

1. PLACE OF DEATH
a. COUNTY: Jasper 0495
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3431 Joplin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 3431 Joplin D

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Newton
c. (Last): TAGUE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 18, 1951

5. SEX: Male O

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: May 13, 1888

9. AGE (In years last birthday): 63
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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Kansas /

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Issac Newton Tague

13b. MOTHER'S MAIDEN NAME: Katie Lugen

14. NAME OF HUSBAND OR WIFE: Bonnie Tague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 496-20-2768

17. INFORMANT'S SIGNATURE OR NAME: Bonnie Tague
ADDRESS: 3431 Joplin St., Joplin, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
(a) ____
(b) ____
(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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteio Sclerosis — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 11:30a m., from the causes and on the date stated above.

23a. SIGNATURE: Jay E Myers MD (Degree or title)

23b. ADDRESS: 708 Francis Bldg Joplin Mo

23c. DATE SIGNED: Aug 20 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-21-51

24c. NAME OF CEMETERY OR CREMATORY: OSBORNE Ozark Memorial Park

24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 8-24-51

REGISTRAR'S SIGNATURE: James L. Hamilton / By Dolores Lampkins

25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort.
ADDRESS: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. BY AFF.

RECEIVED 8-27-51
Jasper County Health Office
County File Number 51/8/675
Date Filed 8-29-51

SEP 5 [illegible]

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 W. E. Huddleston

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jasper }

State File No. 27100
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of August, 1951, before me appears Charles E. Frey, who, upon His oath, states that the original record of ~~birth~~ death for Frank Newton "Jack" Tague, ~~died~~ ~~born~~ August 18, 1951, in the State of Missouri, and which was filed at Joplin on Aug-20, 1951, should be corrected as follows:

Item No. 24-C should read Osborne Memorial Park, Joplin, Missouri

Instead of Ozark Memorial Park, Joplin, Missouri

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Shornhill-Dillon Mortuary ~~Relationship~~ H.E.E.F.

305 W 4th - Joplin, Mo
Present Address.

Subscribed and sworn to before me this 28th day of August 1951.

My Commission expires My Commission Expires December 12, 1951 Teresa E Hedrick Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—4-43
I X36667