

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8-80  
4

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

**FILED JAN 22 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6016 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huntsville, Mo</b>		c. LENGTH OF STAY (In this place) <b>08 FD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>Russell</b> c. (Last) <b>Taft</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1/13/52</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>8/10/1884</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Ralls Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>George Taft</b>	
13b. MOTHER'S MAIDEN NAME <b>Ella Miller</b>		14. NAME OF HUSBAND OR WIFE <b>William Taft</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>William Taft</b>		ADDRESS <b>Overland Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> 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 <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4221</b>	
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)	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 <u>Jan 13, 1952</u> , to <u>Jan 13, 1952</u> ; that I last saw the deceased alive on <u>Jan 12, 1952</u> , and that death occurred at <u>1:12</u> m., from the causes and on the date stated above.			
23a. SIGNATURE OF LIC. _____ (Degree or title)		23b. ADDRESS <b>Huntsville Mo</b>	
23c. DATE SIGNED <b>1/14/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1/15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Felps Chapel</b>	
24d. LOCATION (City, town, or county) (State) <b>E. of Cairp Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marion E. Miller</b>	
DATE REC'D BY LOCAL REG. <b>1-16-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. D. A. Barnhart</b>	
ADDRESS <b>Moberly, Mo.</b>			

**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

*Marian E. Million*

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.