

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12438

State File No. \_\_\_\_\_

FILED APR 24 1952

Registrar's No. 3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305

260  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERTY TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R R # 3 JEFFERSON CITY 0260</u>	
c. LENGTH OF STAY (in this place) <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>LIBERTY TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOREAU RIVER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>TAUBE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1952</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 17, 1941</u>	9. AGE (In years last birthday) <u>10</u> Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY, MO.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN JOSEPH TAUBE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GESENA SCHNIEDERS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HOHN TAUBE J. C. MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by Drowning</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____	
		DUE TO (c) _____			<u>E850</u>	
		II. OTHER SIGNIFICANT CONDITIONS			<u>38</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.				

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) <u>Accident in more river</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Liberty, Cole Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty, Cole Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-20-1952 3:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat capsized</u>	
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22. I hereby certify that I attended the deceased from 18 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Crossed) <u>J. Bruce</u>		(Degree or title)		23b. ADDRESS <u>34 Madison Jefferson City Mo</u>		23c. DATE SIGNED <u>4-20-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 23, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS XAVIER TAOS, MO.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>April 21-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis, MD - MR.</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Dulle J. C. MO.</u>	
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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 Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.