

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5 381 State File No. 34607

OCT 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Current wp.</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twp. Current</u>		<u>0330</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None, Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Star Rt. Salem, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Marinda</u> c. (Last) <u>Taff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1952</u>				
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>Dec, 28, 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 HRS. Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>Housekeeper</u>			11. BIRTHPLACE (State or foreign country) <u>Dent County, Mo.</u>	
13a. FATHER'S NAME <u>E.T. Brigman</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hodges</u>			14. NAME OF HUSBAND OR WIFE <u>Wm.E. Taff (Deceased)</u>	
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>Arthur Brigman (Brother) Salem, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Primary Hyper-tension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					120. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____		<u>331X</u>	
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>Oct. 6, 1952</u> , to <u>Oct. 11, 1952</u> , that I last saw the deceased alive on <u>Oct. 6, 1952</u> , and that death occurred at <u>2: AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jay Earl Mitchell, M.D.</u> (Degree or title)			23b. ADDRESS <u>Salem, Mo.</u>			23c. DATE SIGNED <u>10/13/52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-13-52</u>		REGISTRAR'S SIGNATURE <u>M.M. Hart, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stanton & Latham, Salem, Mo.</u>		ADDRESS _____	

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

