

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5521

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 218

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1721 N. Weller</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1721 North Weller</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>COLUMBUS</u>	b. (Middle) <u>WASHINGTON</u>	c. (Last) <u>TAGGARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1953</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>widowed</u>	8. DATE OF BIRTH <u>June 20, 1886</u>	9. AGE (In years) (last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired - agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James C. Taggard</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Holland</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Charles Taggard</u> ADDRESS <u>1721 N. Weller</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4:500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-26, 1953, to _____, 19____, that I last saw the deceased alive on 2-26, 1953, and that death occurred at 3:20a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael J. Zelanko M.D.</u> (Degree or title)	23b. ADDRESS <u>1630 N Jefferson</u>	23c. DATE SIGNED <u>2-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fordland, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-2-53</u>	REGISTRAR'S SIGNATURE <u>Ernie Williamson Registrar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Swell</u> ADDRESS <u>Fordland, Mo.</u>
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MAY 29 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

W. K. Sewell

Signed.....
Student Embalmer

Licensed Embalmer No..... *4910*

P. O. Address..... *Fordland, 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.