

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14884

No. 800
10.48

FILED MAY 8 1953

State File No.

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 38

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Lawrence</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon, Mo.</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Harrison</u>
c. LENGTH OF STAY (In this place) <u>148 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kenneth</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Taraba</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1953</u>
---	------------------------------	--------------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-18-20</u>	9. AGE (In years last birthday) <u>33</u>	# UNDER 1 YEAR Months Days	# UNDER 11 HRS. Hours Min.
------------------------------	---	--	---	---	--------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Charles F. Taraba</u>	13b. MOTHER'S MAIDEN NAME <u>Mary F. Love</u>	14. NAME OF HUSBAND OR WIFE
---	---	------------------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Wilson Peck, Mt. Vernon, Missouri</u>	ADDRESS
--	--------------------------------	---	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 18 mth</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis, far adv.</u>		<u>8 7 yrs.</u>
	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 <u>002X</u>	20. 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)
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12-3-, 19 52, to 4-30, 19 53, that I last saw the deceased alive on 4-30-, 19 53, and that death occurred at 5:50p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Hellweg</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>5-1-53</u>
--	----------------------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-1-53</u>	REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Orr</u>	ADDRESS <u>Mt. Vernon, Mo.</u>
--	---	---	--

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 _____

Geo B Orr

Licensed Embalmer No. _____

P. O. Address _____

*946
Mr Vernon M*

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.