S. No. 300
. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41939

FILED DEC 9 1953

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4543 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour
c. LENGTH OF STAY (In this place): 1120 / 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ALLIE b. (Middle) B. c. (Last) TAGGARD

4. DATE OF DEATH: (Month) 12 (Day) 2. (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-20-1869

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Webster Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mical Aldridge.

13b. MOTHER'S MAIDEN NAME: Elizabeth Moore.

14. NAME OF HUSBAND OR WIFE: John R Taggard (deceased)

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, ADDRESS: CRit BRooKS Marshfield Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Circulatory Failure	30 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auricular Fibrillation	3 days
DUE TO (c)	Arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized Inanition	1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4 500

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug. 5, 1953, *to* Dec. 2, 1953, *that I last saw the deceased alive on* Dec. 2, 1953, *and that death occurred at* 6:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. F. Mahaffey, D.O.

23b. ADDRESS: P.O. Box 67 Seymour Mo.

23c. DATE SIGNED:

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify):

24b. DATE: 12-4-1953

24c. NAME OF CEMETERY OR ~~CREMATORY~~: Seymour

24d. LOCATION (City, town, or county) (State): Seymour Missouri

DATE REC'D BY LOCAL REG.: 12-6-53

REGISTRAR'S SIGNATURE: Gilbert Jones 343

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Robert Bergman Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 472

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.