

STANDARD CERTIFICATE OF DEATH

State File No. **42418**

FILED DEC 24 1953

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **361**

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Jefferson City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) 1230 E Atchison Str 0269 0				
3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) Henry c. (Last) Taube			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 28, 1885		
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR 10		11. UNDER 1 HRS. 21		12. UNDER 1 MIN. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Guard			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Taos, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Taube			13b. MOTHER'S MAIDEN NAME Thresa Liegers			14. NAME OF HUSBAND OR WIFE Sophia Stegeman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emil Wolters ADDRESS J. C. Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured ribs (left) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 min 1 day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on street in car		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 18 53 11:20 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Passenger in car - collision				
22. I hereby certify that I attended the deceased from 12/18, 1953 , to 12/19, 1953 , that I last saw the deceased alive on 12/19, 1953 , and that death occurred at 2:30 P. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W Kanagawa MD				23b. ADDRESS 1 Dellmeyer Bldg		23c. DATE SIGNED 12/21/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. Dec 22 1953		REGISTRAR'S SIGNATURE R.P. Davis MD MR.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Lulle J.C. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1954

JAN 7 1954

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.....
Signature of Student Embalmer

Signed *Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.