

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED MAR -12 1954		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 64
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Osage
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	c. LENGTH OF STAY (In this place) 2 Hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Loose Creek Mo.		d. STREET ADDRESS (If rural, give location) RR #1 0760
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Ost. Hosp.		3. NAME OF DECEASED a. (First) George		b. (Middle) Paten
c. (Last) Taber		4. DATE OF DEATH		(Month) (Day) (Year) March 7 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH NOV. 21, 1864	9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and State or Foreign Country) Loose Creek Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Oliver Faber		13b. MOTHER'S MAIDEN NAME Virginia Maeyer	14. NAME OF HUSBAND OR WIFE Irma Taber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred J. Taber	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		
		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		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) (Min.)		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 Feb 30, 1954, to Mar 7, 1954, that I last saw the deceased alive on March 7, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Norman W. Baldwin, D.O.		23b. ADDRESS Linn Mo.		23c. DATE SIGNED 3/8/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-54	24c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery	24d. LOCATION (City, town, or county) (State) Linn Mo.	
DATE REC'D BY LOCAL REG. Mar 9-1954	REGISTRAR'S SIGNATURE R.P. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Clyde J. Norton		ADDRESS Linn Mo.

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

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.