

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

**4366**

State File No. ....

Registrar's No. **43**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Loose Creek</b>	
c. LENGTH OF STAY (In this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>6766 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Charles F. Still Osteopathic Hosp</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Irma</b> b. (Middle) <b>Taber</b> c. (Last) <b>Taber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 7 1870</b>
9. AGE (In years last birthday) <b>83</b>		# UNDER 1 YEAR <b>2</b> Months <b>12</b> Days	# UNDER 1 MIN. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Linn, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>United States</b>			
13a. FATHER'S NAME <b>Ferdinand Fourcoud</b>		13b. MOTHER'S MAIDEN NAME <b>Cauntle Doche</b>	14. NAME OF HUSBAND OR WIFE <b>George P. Taber</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Irene B. Smith, Greenwood, Miss</b> ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic PNEUMONIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>60 hrs</b>		15 days	
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)	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 <b>Feb 4</b> , 19 <b>54</b> , to <b>Feb 19</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Feb 19</b> , 19 <b>54</b> , and that death occurred at <b>6:22 A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Norman W. Baldwin D.O. 2</b>		23b. ADDRESS <b>Linn, Mo.</b>	23c. DATE SIGNED <b>2/19/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>2/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Public cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Linn Mo</b>
DATE REC'D BY LOCAL REG. <b>Feb 20-1954</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD MR. 6</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde Maston</b> ADDRESS <b>Linn, Mo.</b>	

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.