

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41254**
5709

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Dakota b. COUNTY Burleigh					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Underwood		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. Luke's Hospital				STREET ADDRESS (If rural, give location) 83308					
3. NAME OF DECEASED (Type or Print) CHARLES			a. (First)		b. (Middle)		c. (Last) TAUER		
4. DATE OF DEATH		(Month) 12		(Day) 13		(Year) 54			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/17/1886			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) New Ulm, Minnesota		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wenzel Tauer			13b. MOTHER'S MAIDEN NAME Anna Pifer			14. NAME OF HUSBAND OR WIFE Louise M. Tauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 532-26-9043		17. INFORMANT'S SIGNATURE OR NAME Louise M. Tauer-Underwood			ADDRESS North Dakota	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH 16 hours.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS-GENERALIZED					10 years.		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					332X		
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 DEC 12 , 19 54 , to DEC 13 , 19 54 , that I last saw the deceased alive on DEC 13 , 19 54 , and that death occurred at 4:30 A. M. , from the causes and on the date stated above.									
23a. SIGNATURE P. L. Byers			23b. ADDRESS 4635 Wyandotte, K.C. 12, Mo			23c. DATE SIGNED 12/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/14/54		24c. NAME OF CEMETERY OR CREMATORY - - -		24d. LOCATION (City, town, or county) (State) Bismarck, North Dakota			
DATE REC'D BY LOCAL REG. 12-13-54		REGISTRAR'S SIGNATURE, Merna Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Bylar ADDRESS Kansas City, Mo.				

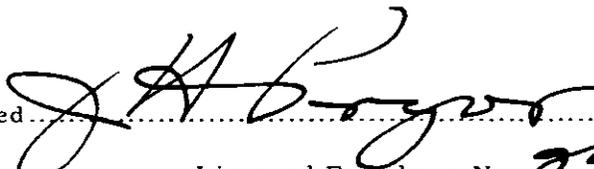
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4632
1950 - 5

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 

Licensed Embalmer No. 09

P. O. Address 

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.