

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1956

State File No. **37192**
Registrar's No. **542**

BIRTH NO. _____		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 542
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Poplar Bluff	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 630 Charles St.		e. STREET ADDRESS (If rural, give location) 630 Charles St. 012 1/2		
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle)	c. (Last) Taft	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1894	9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road Engineer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Obion County, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Oliver Taft		13b. MOTHER'S MAIDEN NAME Ida Crabtree	14. NAME OF HUSBAND OR WIFE Augusta Wheatley Taft	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Augusta Taft Poplar Bluff, 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, anemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peplonephroses ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia Epilepsy		INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6:00		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 1955 , 19___, to 2 Nov, 1956 , that I last saw the deceased alive on 2 Nov, 1956 , and that death occurred at 10:00 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. B. Crocker MD		23b. ADDRESS 321 Ch Poplar Bluff Mo	23c. DATE SIGNED Nov 8 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-5-56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
DATE REC'D BY LOCAL REG. 11/9/56		REGISTRAR'S SIGNATURE R. W. Minter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.	

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

RECEIVED
NOV 17 1956

NOV 12 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 20 1956

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 *Charles E. Mungle*

Licensed Embalmer No. *487*

P. O. Address *Poplar Bl*

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.