

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39100**

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

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6022		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Ray b. CITY (If outside corporate limits, write RURAL and give township) Richmond rural c. LENGTH OF STAY (in this place) 13 years d. FULL NAME OF HOSPITAL OR INSTITUTION Heavald Rest Home				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give section, township, and range) Charlotte, 3258 3918 Charlotte Street			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) COBB c. (Last) TAUBMAN			4. DATE OF DEATH (Month) (Day) (Year) November 20 1956				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 26, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House keeping		11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Morris Cobb		13b. MOTHER'S MAIDEN NAME Eliza Cannon Hauck		14. NAME OF HUSBAND OR WIFE Robert M. Taubman			
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 Mr. Elizabeth C. Martin, Lexington, MO. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular accident 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) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 10 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) _____		331X	
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 Jan. 10, 1956 , to Nov. 20, 1956 , that I last saw the deceased alive on Nov. 20, 1956 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thomas D. Coody, M.D. (Degree or title)				23b. ADDRESS Richmond, Missouri		23c. DATE SIGNED 11/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE November 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Macht Park		24d. LOCATION (City, town, or county) (State) Lexington, Missouri	
DATE REC'D BY LOCAL REG. Nov 24-1956		REGISTRAR'S SIGNATURE Mabel Jackson		FUNERAL DIRECTOR'S SIGNATURE Edward J. Tempel, Lexington, Missouri ADDRESS _____			

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 *L. W. McKeane*.....

Licensed Embalmer No. *298*.....

P. O. Address *Leicester, Mass.*.....

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.