THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1957

1673-57

1172
STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Length of stay in Ib 2 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Willow Sp rings, Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Beside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BOBBY Middle DEAN Last TAFFAR
4. DATE OF DEATH Month Jan Day 25, Year 1957
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 24, 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Willow Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Dean William Taffar
14. MOTHER'S MAIDEN NAME Alma Jean Harris
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Dean Taffar Willow Springs, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ATELECTASIS CONGENITAL
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Two HOURS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7620
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10:33 PM to 12:30 AM and last saw ~~her~~ him alive on 1/25/57
Death occurred at 12:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. B. Perkins (Degree or title) MD
22b. ADDRESS Willow Springs, Mo.
22c. DATE SIGNED 1/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/26/57
23c. NAME OF CEMETERY OR CREMATORY Burnham
23d. LOCATION (City, town, or county) (State) Howell County, Mo.
24. FUNERAL DIRECTOR ADDRESS Burns Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 1/25/57
26. REGISTRAR'S SIGNATURE Marshalle Ballard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.