

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12890

State File No. _____

FILED MAY 13 1957

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>302A</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>23 hours</u>		c. CITY OR TOWN <u>Bethany</u>		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 <u>Noll Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1613 1/2 Main St.</u> 0410			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GARLAND</u> b. (Middle) <u>LEROY</u> c. (Last) <u>TAGGART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 11, 1890</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Ridge, Harrison Co. Mo.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Ridge, Harrison Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>William W. Taggart</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Etta Nighthart</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Belle Taggart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-18-9590</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Belle Taggart, Bethany, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma of Bladder.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION <u>12/30/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</u>				20. AUTOPSY? <u>2</u> 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-13</u> , 19 <u>56</u> , to <u>5-5</u> , 1957, that I last saw the deceased alive on <u>5-5-57</u> , 19 <u>57</u> , and that death occurred at <u>2:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Miriam Pearhart, MD</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>5-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>May 9-1957</u>		REGISTRAR'S SIGNATURE <u>Edith Cornelius Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas L. Joutel</u>		ADDRESS <u>Bethany, Mo.</u>	

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

1160

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 *Clark L. Foutch*.....

Licensed Embalmer No. *4831*.....

P. O. Address *Bethany*.....

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.