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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009108
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 70

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1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>		Length of stay in lb <u>3 mos. 21 das.</u>	d. STREET ADDRESS (If outside, give location) <u>1115 Fisk Avenue</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>MILES</u> Last <u>TAIT</u>			4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-12-1883</u>		9. AGE (In years of birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor on Passenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Train</u>		11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>	
13a. FATHER'S NAME <u>Robert Tait</u>			13b. MOTHER'S MAIDEN NAME <u>Jean Gimmel</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. J. M. Tait</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>State Hospital #1; Fulton, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia, bilateral</u>					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Cardiac Decompensation</u>					
DUE TO (c) <u>Brain, encephalomalacia, right basal ganglion</u>					<u>4344</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Brain, encephalomalacia, right basal ganglion</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. <u>State Hospital #1</u> attended the deceased from <u>12-9-1957</u> to <u>4-1-1958</u> Death occurred at <u>12:15 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Fred P. Handler MD</u> <u>0</u>			22b. ADDRESS <u>State Hospital No. 1; Fulton, Mo.</u>		22c. DATE SIGNED <u>4-1-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr 3, 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>		ADDRESS <u>Fulton</u>		25. DATE RECD. BY LOCAL REG. <u>April 5-1958</u>	
				26. REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 17 1958

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 *J. V. Passon*
Licensed Embalmer No. *2555*
P. O. Address *Fullon*

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.