THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004366
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rochester — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Shad Lawn Rest Home — Length of stay in 1b 4 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY Andrew
c. CITY OR TOWN Rosendale 0020 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Mrs Lottie Taxum
4. DATE OF DEATH Month Day Year: Feb 6 1959
5. SEX: Ah
6. COLOR OR RACE: W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct 17-1900
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and state or country): King City Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Short
14. MOTHER'S MAIDEN NAME: Anna Louise Leonard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-36-4473
17. INFORMANT: Mr John Tatum — Address: Rosendale 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Rt Breast — 1 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 170X
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 1-15-59, to 2-6-59 and last saw her/him alive on 1-30-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren C. Baker MD.
22b. ADDRESS: Savannah, Mo
22c. DATE SIGNED: 2-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/9/59
23c. NAME OF CEMETERY OR CREMATORY: High Ridge
23d. LOCATION (City, town, or county) (State): Stonberry Mo

24. FUNERAL DIRECTOR — ADDRESS: Phillips Montoya
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

W.C.
E. Baker

STATEMENT BY LICENSED EMBALMER

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

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

~~working under my personal supervision.~~.

~~Student~~ ..... ~~Signature of Student Embalmer~~

Signed. .....

Licensed Embalmer No. 18.

P. O. Address

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.