

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013572

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1970

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 50 Yrs.	d. STREET ADDRESS 4123 Baltimore
3. NAME OF DECEASED (Type or print) First ROY		Middle TAGGART	Last TAGGART
4. DATE OF DEATH April 18, 1959		Month April	Day 18
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1885
9. AGE (In years) 74		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman, Gas Service Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Taggart	
13b. MOTHER'S MAIDEN NAME Molly Dunbar		14. NAME OF HUSBAND OR WIFE Ruby M. Taggart	
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. 487-10-7975	17. INFORMANT Mrs. Ruby M. Taggart
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 8 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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. _____		20d. INJURY OCCURRED WHILE AT <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 Kansas City	
20g. COUNTY Jackson		20h. STATE	
21. I attended the deceased from Death occurred at 1:15 AM 4/18/59 to 4/17/59 and last saw her alive on 4/17/59 on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at _____ to _____ and last saw her alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Richard L. Lehner MD.		22b. ADDRESS 1103 Grand Kansas City, Mo.	
22c. DATE SIGNED 4/18/59		22d. LOCATION (City, town, or county) Kansas City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-20-59	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 4-20-59		26. REGISTRAR'S SIGNATURE Thom Minshall	

MEDICAL CERTIFICATION
Richard L. Lehner, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1400 Prof. Nobby
11-1

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. R. Freeman*

Licensed Embalmer No. 293

P. O. Address F. O. N.

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.