

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017149

STATE FILE NUMBER

REG. DISTRICT NO. 77 PRIMARY REGISTRATION DISTRICT NO. 3016 REGISTRAR'S NO. 170

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eldon</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospt.</u>		Length of stay in 1b <u>7 WKS.</u>	d. STREET ADDRESS (If outside, give location) <u>E. HARRISON</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTIN HENRY TAAKE</u>			4. DATE OF DEATH Month Day Year <u>MAY 29, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Caucasian</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>JUNE 18, 1897</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. INTERNATIONAL SHOE CUTTING PLANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Chamdis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>FRED TAAKE</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia WEHMEYER</u>		
14. NAME OF HUSBAND OR WIFE <u>ETHEL M. TIPTON TAAKE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		16. SOCIAL SECURITY NO. <u>492-01-6251</u>		
17. INFORMANT <u>MRS. M.H. TAAKE</u>		Address <u>Eldon, Mo.</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>Chronic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>		
DUE TO (b) <u>Bilateral cystic disease of kidneys congenital</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
					<u>7571</u>

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 Month, Day, Year a.m. p.m.					
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. I attended the deceased from <u>5/8/59</u> to <u>5/29/59</u> and last saw her/him alive on <u>5/28/59</u> Death occurred at <u>6:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>6/1/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>May 31, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	
23d. LOCATION (City, town, or county) <u>Eldon</u>		(State) <u>Mo.</u>			

24. FUNERAL DIRECTOR ADDRESS <u>Louis S. Phillips Eldon</u>		25. DATE RECD. BY LOCAL REG. <u>2 June 1959</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Harris, M.D. - M.P.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

00-57

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6961 4 70P

VS DEC 1 1961

VS SEP 6 1960

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 *Emil N. Phillips*

Licensed Embalmer No. *3662*
P. O. Address *Eldon*

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.