

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959 28

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STATE FILE NUMBER

Registration District No. 3056 Primary Registration District No. 637 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>20 days</u>		c. CITY OR TOWN <u>Odessa</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Mo. Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward Quarrels Taliaferro</u>				4. DATE OF DEATH Month Day Year <u>12 / 25 / 1959</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/29/1879</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Boonville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Edward Taliaferro</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Quarrels</u>				14. NAME OF HUSBAND OR WIFE <u>Hattie Taliaferro</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>-</u>		17. INFORMANT <u>Hospital chart.</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>Postoperative atelectasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Perineal Prostatectomy</u> DUE TO (c) <u>Benign Prostatic hypertrophy</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>9 days</u> <u>years.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding duodenal ulcer, secondary to carcinoma Bx</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. I attended the deceased from <u>12-7-1959</u> to <u>12-25-'59</u> and last saw him alive on <u>12-25-'59</u> Death occurred at <u>12 50</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Earl J. Whipple, Jr.</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>U. of Mo. Medical Center</u>				22c. DATE SIGNED <u>12/25/59</u>					
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>12-29-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Canaan Cemetery Odessa</u>				23d. LOCATION (City, town, or county) (State) <u>Mo.</u>							
24. FUNERAL DIRECTOR <u>Robert F. Sussler Service, Columbia Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 25, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmore</u>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia

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.