

FILED VS JAN 18 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-001209

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Creighton Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ridgeway Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Wright Memorial Hospital 16 days</u>		Length of stay in <u>lb</u>	d. STREET ADDRESS (If outside, give location) <u>March 1/2 Mrs. Ridgeway</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ralph - Matt - Taster</u>			4. DATE OF DEATH Month Day Year <u>1 - 2 - 60</u>			
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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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1880</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co. W. Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Andy Taster</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Taster Deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give branch and dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-40-7096</u>	17. INFORMANT <u>Herland Taster, Ridgeway Mo</u>	Address
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18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> <u>Gastro-Enteritis</u> <u>1-2-60</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
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)		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
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21. I attended the deceased from <u>12-17-59</u> to <u>1-2-60</u> and last saw ^{her} alive on <u>1-2-60</u> Death occurred at <u>10:55 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Oliver J. [Signature]</u> (Degree or title)	22b. ADDRESS <u>Creighton Mo</u>	22c. DATE SIGNED <u>Jan 5th 1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-4-60</u>	<u>Christian Union Cemetery</u>	<u>5 mi. N. E. Gilman City Mo</u>

24. FUNERAL DIRECTOR <u>Robert R. Rogers</u>	ADDRESS <u>Ridgeway Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Juene Jari</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Robert R. Burgess*

Licensed Embalmer No. *9526*

P. O. Address *Ridgeway 9th*

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.