

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

=60-014785

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		Length of stay in 1b All Life	c. CITY OR TOWN King City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence RFD 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Edward Last Taff			4. DATE OF DEATH Month April Day 29 Year 1960		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/73	9. AGE (last birthday) 86	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Jefferson Co. Ind.	12. CITIZEN OF WHAT COUNTRY USA
---	---	---	---

13a. FATHER'S NAME Samuel Taff	13b. MOTHER'S MAIDEN NAME Ellen Chambers	14. NAME OF HUSBAND OR WIFE Elsie Taff (Dec.)
--	--	---

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. 494 40 8332	17. INFORMANT Address Milton Taff, King City, Mo.
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia Bronchial.		INTERVAL BETWEEN ONSET AND DEATH 3 da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General arterio-sclerosis		years
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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 checked="" 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 **4-6-60** to _____ and last saw ^{her}him alive on **4-29-60**
Death occurred at **7:05 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) H. B. Shook, M.D.	22b. ADDRESS King City Mo	22c. DATE SIGNED 4-30-60
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/1/60	23c. NAME OF CEMETERY OR CREMATORY King City Cem.	23d. LOCATION (City, town, or county) (State) King City, Mo.
--	----------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS Harold E. Keedel, King City, Mo	25. DATE RECD. BY LOCAL REG. 5-2-60	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bary
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS NOV 18 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold E. Woodruff

Licensed Embalmer No. 4609
P. O. Address King City

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.