

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034559

FILED VS SEP 19 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 219 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u> Length of stay in 1b <u>29 yrs.</u>		c. CITY OR TOWN <u>Windsor Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>206 East Jackson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle LOUIS Last TAGGART 4. DATE OF DEATH Month Sept Day 7 Year 1960

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Mar. 12, 1886 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Moniteau County Mo. U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Taggart 13b. MOTHER'S MAIDEN NAME Josephine Redman 14. NAME OF HUSBAND OR WIFE Dena Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown 16. SOCIAL SECURITY NO. 486-01-9143 17. INFORMANT Mrs. Mary Van Slyke Windsor Address

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>pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>left hemiplegia</u>	<u>10 years</u>
DUE TO (c) <u>arteriosclerosis, generalized</u>	<u>15 years</u>

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 July 1, 1960 to July 7, 1960 and last saw her alive on 9-8-60 Death occurred at 11:27 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles R. Simmons M.D. 22b. ADDRESS 114 N Main, Windsor, Mo 22c. DATE SIGNED 9-8-60

23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Buried 23b. DATE Sept 11, 1960 23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery 23d. LOCATION (City, town, or county) (State) Jafferson City Mo.

24. FUNERAL DIRECTOR Ellis M. Huston Windsor Mo. ADDRESS Windsor Mo. 25. DATE RECD. BY LOCAL REG. Sept. 15, 1960 26. REGISTRAR'S SIGNATURE Waldred Biggers

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

Student _____
Signature of Student Embalmer

Signed

Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor

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.