ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-021492 ✓

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2880

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 6 years	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Memorial Hosp. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 5505 E. 87th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: SIMON	Middle:	Last: TAARUD	4. DATE OF DEATH	Month: June Day: 9 Year: 1961
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 2/12/1883	9. AGE (last birthday): 78	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): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (City and state or country): Milton, N.Dakota	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Johannes Taarud	13b. MOTHER'S MAIDEN NAME: Serine Johnson	14. NAME OF HUSBAND OR WIFE: Carrie Taarud			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		17. INFORMANT: Junette Xanders, Address: 5601 E. 87th Street			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular fibrillation –	
DUE TO (b)	acute myocardial infarction	18 hours
DUE TO (c)	with lacty cardia & failure	–

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 2 Previous myocardial infarctions

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 a.m. p.m. Month, Day, Year

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 5-11-61, to 6-9-61 and last saw ~~her~~ him alive on 6-9-61

Death occurred at 5:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. R. Morris, M.D.	22b. ADDRESS: Raytown Clinic - Raytown, Mo.	22c. DATE SIGNED: 6-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 6/10/1961	23c. NAME OF CEMETERY OR CREMATORY: Grenora Cemetery	23d. LOCATION (City, town, or county) (State): Grenora North Dakota
24. FUNERAL DIRECTOR ADDRESS: 1331 Brush Creek Blvd. D.W.Newcomer'sSons,Kansas City,Mo.	25. DATE RECD. BY LOCAL REG.: 6-9-61	26. REGISTRAR'S SIGNATURE: Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT | MEDICAL CERTIFICATION

Wm. R. Morris

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 _____

Licensed Embalmer No. 3035

P. O. Address _____

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.