

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043977
5959 STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY, NORTH</u>		Length of stay in 1b <u>40 Years</u>	c. CITY OR TOWN <u>KANSAS CITY, NORTH</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>304 No. CREST DR.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>304 No. CREST DR.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>CARL F. TAGBERING</u>			4. DATE OF DEATH Month Day Year <u>11-24-1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-15-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MIDWESTERN PAPER Co.</u>	11. BIRTHPLACE (City and state or country) <u>LEXINGTON, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry TAGBERING</u>		13b. MOTHER'S MAIDEN NAME <u>Adeleide Warnken</u>		14. NAME OF HUSBAND OR WIFE <u>CLAIRE TAGBERING</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>			17. INFORMANT Address <u>MRS. CLAIRE TAGBERING 309 No. CREST DR. K.C. 16, Mo.</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>PNEUMONIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>CARCINOMA ESOPHAGUS</u>		6 mo.	
			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 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>8-16-61</u> to <u>8-29-61</u> and last saw him/her live on <u>8-29-61</u> . Death occurred at <u>11-24-61</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>C. Werner M.D.</u>		(Degree or title)	22b. ADDRESS <u>5140 Antioch Rd</u>		22c. DATE SIGNED <u>11-25-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/27/61</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Mount Moriah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
24. FUNERAL DIRECTOR <u>D.W. NEWSOMER'S SONS</u>		ADDRESS <u>1351 BRUSH CR. K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

C. Werner

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. DONALD SAKHOBY
No. OAK

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 Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address K. C., Mo.

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.