

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002022

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 2026 Registrar's No. 16

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JAN 11 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3210 Lees Summit Rd.</b>	d. STREET ADDRESS (If outside, give location) <b>3210 Lees Summit Rd.</b>
3. NAME OF DECEASED (Type or print) <b>MR. GLENN DANIEL TAGGART</b>	
4. DATE OF DEATH <b>January 3, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1915</b>
9. AGE (last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Supervisor-Andrew Drumm Institute</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lawson, Mo.</b>
11. BIRTHPLACE (City and state or country) <b>USA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>A. B. Taggart</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Hurt</b>
14. NAME OF HUSBAND OR WIFE <b>Rowena Taggart</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <span style="border: 1px solid black; padding: 2px;"> </span>
17. INFORMANT <b>Mrs. Rowena Taggart, Indep., Mo.</b>	Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion Indefinite</b> DUE TO (b) <b>arteriosclerotic Heart Disease Unknown</b> DUE TO (c) <span style="border: 1px solid black; padding: 2px;"> </span> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Angina Pectoris</b> 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 checked="" 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 Month, Day, Year a.m. p.m.	
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 <b>1953</b> , to <b>Present</b> and last saw her/him alive on <b>May 12 1961</b> Death occurred at <b>5:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>C. H. Holton MD</b> (Degree or title)	22b. ADDRESS <b>10908 Glendale Rd</b>
22c. DATE SIGNED <b>1/4/63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 7, 1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Lawson Cemebery</b>	
23d. LOCATION (City, town, or county) <b>Lawson, Missouri</b>	
24. FUNERAL DIRECTOR <b>OTT &amp; MITCHELL, Indep., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-5--63</b>
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 7 1963

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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 *L. M. Deir*

Licensed Embalmer No. 3156

P. O. Address *Adelphi 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.