

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044416

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 71

FILED DEC 11 1963

VS 300  
Rev. 4/59

1 7009

2 7004

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4 0

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12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><u>Jackson</u>   | a. STATE<br><u>Mo</u>  | b. COUNTY<br><u>Jackson</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Lees Summit</u>                     | Length of stay in lb<br><u>84 yrs</u>  | c. CITY OR TOWN<br><u>Lees Summit</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>100 No Market</u> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS<br><u>100 No Market</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                              |  |  |   |                                |   |
|--|------------------------------|--|--|---|--------------------------------|---|
| 3. NAME OF DECEASED (Type or print)<br><u>John Steel Taggart</u>   |                              |  | 4. DATE OF DEATH<br><u>Dec. 7 - 1963</u> |   |                                |   |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-17-1879</u>     | 9. AGE (last birthday)<br><u>84</u>                                 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min.              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>        |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lees Summit</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Lees Summit Mo</u> |                                | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
| 13a. FATHER'S NAME<br><u>James C. Taggart</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Margarete Reider</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>NEVER MARRIED</u>                 |                                |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u> |                              | 16. SOCIAL SECURITY NO.<br><u>P47</u>  |  | 17. INFORMANT<br><u>Wm. T. Howard Lees Summit Mo</u>                |                                |   |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> |  |  |
| DUE TO (c)  |  | <u>10 3/10</u>                                   |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 12-6-63 to 12-7-63 and last saw him alive on 12-6-63  
Death occurred at Lees Summit Mo 2P m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u> | 22b. ADDRESS<br><u>Lees Summit Mo</u> | 22c. DATE SIGNED<br><u>12-7-63</u> |
|--|---------------------------------------|------------------------------------|

|  |                              |   |  |
|--|------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>12-10-63</u> | 23c. NAME OF CEMETERY OR CRYPTORY<br><u>Lees Summit</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Lees Summit Mo</u> |
|--|------------------------------|---|--|

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR<br><u>Longford Funeral Home</u><br><u>Lees Summit Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>12-8-63</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 W B Langford Jr  
Licensed Embalmer No. 3233

P. O. Address Leis Summit

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.