

FILED JUL 21 1950

STANDARD CERTIFICATE OF DEATH

23105

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution of residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>				d. STREET ADDRESS <u>623 Clark Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SOPHIA</u>		b. (Middle) <u>MARIE</u>		c. (Last) <u>TAUZE</u>	
4. DATE OF DEATH		(Month) <u>July</u> (Day) <u>16</u> (Year) <u>1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 17, 1885</u>	
9. AGE (In years, last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Herman Stegeman</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Talken</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Tanne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Ben Tanne</u>		ADDRESS <u>J.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>July</u>			
22. I hereby certify that I attended the deceased from <u>July 9</u> , 19 <u>50</u> , to <u>July 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 16</u> , 19 <u>50</u> , and that death occurred at <u>12 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl E. Lloyd M.D.</u> (Degree or title)				23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>July 17-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) <u>J.C. Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>July 18-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester L. Lunk</u>		ADDRESS <u>J.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-20-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-20-50

JUL 28 1950

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 _____

Donna K. Lamm

Student Embalmer No. 374

working under my personal supervision.

Student *Donna K. Lamm*
Student Embalmer

Signed _____

Sylvester Rulle
Licensed Embalmer No. 4321

P. O. Address _____

Jefferson City, 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 this body is not embalmed, fact should be so stated above.