

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5419

State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Mount Vernon</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) <u>35 days</u>	c. CITY OR TOWN <u>Bourbon</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) _____ c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-5-91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Piston Ring Co</u>	9. AGE (In years last birthday) <u>57</u>
13a. FATHER'S NAME <u>George W. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chalmers</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-05-7768</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME <u>E. McMichael, Record Clerk, Mo. State San Mt. Vernon, Missouri</u> ADDRESS _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure due to bronchogenic carcinoma, with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u>		DUE TO (b) <u>to mediastinum and lymph nodes</u> About <u>10 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (c) _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-15-</u> 19 <u>49</u> , to <u>2-19-</u> 19 <u>49</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>49</u> , and that death occurred at <u>6:00 a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. Hallweg M.D.</u>		23b. ADDRESS <u>Mount Vernon, Missouri</u>	23c. DATE SIGNED <u>2-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cuba, Mo</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>2-21-49</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Franklin</u> ADDRESS <u>Cuba, Mo</u>	

RECEIVED

District Health Officer No. 61

District File Number 349-203

Date Filed 3-3-49

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.

Signed _____
Student Embalmer

Signed

Licensed Embalmer No. 3492

P. O. Address

Quila, 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.