

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42031**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. LENGTH OF STAY (If this place) <b>10 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>LOUISIANA</b>	
3. NAME OF DECEASED a. (First) <b>SARAH</b> (Type or Print)		b. (Middle) <b>CATHERINE</b>	
c. (Last) <b>TAYLOR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>DEC. 15, 1859</b>
9. AGE (In years last birthday) <b>89</b>		10. MONTHS <b>11</b>	11. DAYS <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>PIKE COUNTY, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>JOSHUAY HOUCHINS</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA HOLLIDAY</b>		14. NAME OF HUSBAND OR WIFE <b>THOMAS TAYLOR</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHARLES BOLEMEY</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heartitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosing Gastritis</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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>??</b> <b>??</b> <b>543X</b>	
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 29, 1949</b> , to <b>12-10, 1949</b> , that I last saw the deceased alive on <b>12-10, 1949</b> , and that death occurred at <b>3:45 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charlot Jewellen</b>		23b. ADDRESS <b>Mod. Louisiana, Missouri</b>	
23c. DATE SIGNED <b>12-12-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 12, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PIKE COUNTY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>Dec 12, 1949</b>	REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J B STERNE</b>	ADDRESS <b>LOUISIANA MO</b>

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

INSTITUTION

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OR

INSTITUTION

PLACEMENT

DEPARTMENT

RECEIVED

DEC 15 1919

District Health Officer No. \_\_\_\_\_

District File Number 13-49

Date Filed DEC 15 1919

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 .....

Student Embalmer

Signed

*J.B. Sterne*

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.