

No. 300  
10. 28

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5236

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Edina</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>0970</u> OR TOWN <u>Rutledge</u>	d. STREET ADDRESS (If rural, give location) <u>1</u> <u>Missouri</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Margaret</u> b. (Middle) <u>Taylor</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>23</u> <u>1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct 25, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Millport U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Walter Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Snooke</u>	14. NAME OF HUSBAND OR WIFE <u>James T. Taylor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ravel Taylor, Rutledge</u> ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - Hypertension</u> years DUE TO (c) <u>Cardiovascular - renal</u> year		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>442 X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Edina</u>
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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?
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22. I hereby certify that I attended the deceased from June 19 4, to Feb 23, 19 50, that I last saw the deceased alive on Feb 23, 1950, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Pauline</u>	23b. ADDRESS <u>Edina, Mo.</u>	23c. DATE SIGNED <u>2-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 26</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pauline</u>	24d. LOCATION (City, town, or county) (State). <u>Rutledge, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-25-50</u>	REGISTRAR'S SIGNATURE <u>Nell S. H. Wolt</u> 151	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. L. Hudson</u> ADDRESS <u>Edina, Mo.</u>
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A.S. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 27  
RECEIVED  
District Health Office No. 250  
District File Number FEB 27 19  
Date Filed

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 Mrs J. W. Hudson  
Licensed Embalmer No. 2972  
P. O. Address Edina, Minn.

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.