

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9429**

FILED APR 3 1950

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4258** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina, Missouri	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina, Missouri 05??	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) E c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) March 20 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 13, 1892	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Knox County	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME James H Taylor	13b. MOTHER'S MAIDEN NAME Sarah E Hoppes	14. NAME OF HUSBAND OR WIFE Helen Stout
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Margaret T. Marget	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 58/10
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Portal cirrhosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

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)
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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 1949** to **March 13, 1950**, that I last saw the deceased alive on **Mar. 13, 1950** and that death occurred at **8:17A m.**, from the causes and on the date stated above.

23a. SIGNATURE Daniel S. ...	23b. ADDRESS Edina Mo.	23c. DATE SIGNED 3/21/50
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE March 22	24c. NAME OF CEMETERY OR CREMATORY Livville Cemetery	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. 3-23-50	REGISTRAR'S SIGNATURE Nelle S. ...	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Hudson	ADDRESS Edina Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 3 1951

MAR 28 1950

RECEIVED

District Health Officer No. 10

District File Number 3-50-52

Date Filed MAR 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Mrs J. W. Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2972

P. O. Address Edina, 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.