

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12069**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **509**

0117

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

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|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davies | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (In this place) 2-Mo 24 Days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin, Mo. | | d. STREET ADDRESS (If rural, give location) 1310 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 119 South 12th St. | | | | | |

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|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) (Dick) c. (Last) Taylor | | | 4. DATE OF DEATH (Month) (Day) (Year) April 24, 1950 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Dec. 15, 1885 | 9. AGE (In years last birthday) 64 | 10. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | 10b. KIND OF BUSINESS OR INDUSTRY Lunch Room | 11. BIRTHPLACE (State or foreign country) Rock Spring, Missouri | | |

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|-----------------------------------|--|---|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Single |
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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) Unk. | 16. SOCIAL SECURITY NO. 491-28-5804 | 17. INFORMANT'S SIGNATURE OR NAME Welfare Board ADDRESS 10th & Olive St. |
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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, asphensia; etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema | | Unk. |
| | ANTECEDENT CAUSES Other Condition: Rheumatic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 58570 (b) DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | 416X |

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| 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) _____ |
| 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? _____ |

22. I hereby certify that I attended the deceased from **Sept. 19, 1949**, to **April 24, 1950**, that I last saw the deceased alive on **April 23, 1950**, and that death occurred at **4:45 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Norman W. Sidenfader | 23b. ADDRESS 1802 Union St | 23c. DATE SIGNED 4-25-50 |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4/25/1950 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
|---|----------------------------|---|---|

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|--|--|---|
| DATE REC'D BY LOCAL REG. April 28, 1950 | REGISTRAR'S SIGNATURE E. G. Jenkins 382 | 25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfader ADDRESS 1802 Union St |
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(Licensed Embalmer's Statement on Reverse Side)

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 Ermer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph

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.