

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25981

FILED AUG 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Flat Creek twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1014 Mill St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. S.W. of Cassville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Fredrick</u>	c. (Last) <u>Taylor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1950</u>
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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>Oct. 16, 1884</u>	9. AGE (In years last birthday) <u>65</u>	If under 1 year: Months _____ Days _____	If under 2 wks: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jackson H. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy B. 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) <u>No.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy B. Taylor, Cassville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10. Min.</u>  <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 Apr. 9, 1948 to July 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>Cassville, Mo.</u>	23c. DATE SIGNED <u>7-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 5-1950</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Koon</u>	ADDRESS <u>Cassville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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0050  
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DEPARTMENT OF HEALTH OF MO.

District No 5 Springfield

RECEIVED AUG 14 1950

Dist File 850-987

Date Filed 8-16-50

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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 W. C. Koon.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 435-9.....

P. O. Address Cassville, 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.