

FILED JAN 8 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 41500

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 4320		Registrar's No. 56	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give township) Palmyra		a. STATE Missouri		b. COUNTY Marion 0601	
c. LENGTH OF STAY (In this place) 2 mos.		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra		d. STREET ADDRESS 222 W. North		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 248 East Street		d. STREET ADDRESS 222 W. North		4. DATE OF DEATH 12 21 1950			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Elizabeth		b. (Middle) Taylor		c. (Last) Taylor			
(Type or Print)							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 7 Aug. 1861	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Marion County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chris Koehler		13b. MOTHER'S MAIDEN NAME Mary Fagle		14. NAME OF HUSBAND OR WIFE Huron Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Amie Stewart, Palmyra, Mo.			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Bronchial pneumonia				1 day	
ANTECEDENT CAUSES		Pleurisy & Effusion				2 mo.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Old pneumonia lobar				3 mo.	
DUE TO (b)							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		49.1X					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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 June 1950, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 10 P. M., from the causes and on the date stated above.							
23a. SIGNATURE J. Lee M. O.				23b. ADDRESS Palmyra Mo		23c. DATE SIGNED 12/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 23 Dec. 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 12/22/50		REGISTRAR'S SIGNATURE E. M. Fagle		25. FUNERAL DIRECTOR'S SIGNATURE Lewis Brothers, Palmyra, Mo.			
(Licensed Embalmer's Statement on Reverse Side)							

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

2641  
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RECEIVED JAN 4 1951  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 5 1951

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 \_\_\_\_\_

George M. Lewis

Student Embalmer No. 381

working under my personal supervision.

Student

George M. Lewis  
Student Embalmer

Signed

Paul B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Missouri

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.