

No. 300  
10-48

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9029

0495

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans Hospital				d. STREET ADDRESS (If rural, give location) 119 Gray			
3. NAME OF DECEASED (Type or Print) Earl Warren Taylor			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 23, 1889	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Eagle-Picher		11. BIRTHPLACE (State or foreign country) Marceline, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Windfield Taylor			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE Mamie Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Taylor, 119 Gray		
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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric ulcer							
INTERVAL BETWEEN ONSET AND DEATH 5 years							
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis of the colon							
unknown							
19a. DATE OF OPERATION 3-13-51		19b. MAJOR FINDINGS OF OPERATION Gastric ulcer				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) (Min.)		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 2-3, 1951, to 3-23, 1951, that I last saw the deceased alive on 3-23, 1951, and that death occurred at 6:30 AM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Slattery, M.D.				23b. ADDRESS 410 Jackson, Joplin, Mo.		23c. DATE SIGNED 3-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-51		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 3-30-51		REGISTRAR'S SIGNATURE Ed. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-2-51  
Jasper County Health Office

County File Number 51/3/270  
Date Filed 4-2-51

JUN 12 1951

MAY 10 1951

*on  
part*

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 *F. M. Jones*

Licensed Embalmer No. *2318*

P. O. Address *Joplin 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.