

FILED MAY 21 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19219

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 84

1. PLACE OF DEATH  
 a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newman c. LENGTH OF STAY (In this place) 30 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada 1082

d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital

d. STREET ADDRESS (If rural, give location) 612 East Cherry

3. NAME OF DECEASED (Type or Print)  
 a. (First) Charles b. (Middle) Alfred c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year)  
May 4 1951

5. SEX M

6. COLOR OR RACE Wh

7. ~~Married, widowed, divorced, divorced, divorced~~  
 DIVORCED (Specify) 3

8. DATE OF BIRTH December 1, 1888

9. AGE (In years last birthday) 62  
 # UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 # UNDER 6 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Barber

10b. KIND OF BUSINESS OR INDUSTRY  
Own shop

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Charles Taylor

13b. MOTHER'S MAIDEN NAME  
Mary Jane Garwin

14. NAME OF HUSBAND OR WIFE

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.  
70

17. INFORMANT'S SIGNATURE OR NAME  
Nancy Adair

ADDRESS  
Rt. 3 Nevada, 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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic Alcoholism  
 DUE TO (c) Chronic Diabetes

INTERVAL BETWEEN ONSET AND DEATH  
1804  
20 yr  
10 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
3221

20. AUTOPSY?  
 YES  NO

21a. ACCIDENT SUICIDE HOMICIDE No (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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 25, 1951, to May 4, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. Newton (Degree or title)

23b. ADDRESS Nevada, Mo

23c. DATE SIGNED 5-9-1951

23a. BURIAL (Specify)

23b. DATE 5-8-51

23c. NAME OF CEMETERY Newton Burial Park

23d. LOCATION (City, town, or county) (State)  
Nevada Missouri

DATE REC'D BY LOCAL REG. 5-12-1951

REGISTRAR'S SIGNATURE Emma E. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE Terry Funeral Home ADDRESS Nevada Missouri

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

082

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 14 1951

Dist. File 527-9116

Date Filed 5-15-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed [Signature]

Signature .....  
Student Embalmer

Licensed Embalmer No. 1761

P. O. Address Nevada 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.