

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20770

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. COUNTY <u>County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u> <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>804 South Maine</u>		d. STREET ADDRESS (If rural, give location) <u>804 South Maine</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Rogers</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED: WIDOWED DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 23, 1871</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Palmyra, Missouri</u> <u>U</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John R. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roberta D. Taylor Palmyra, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> *This does not mean the mode of dying, such as heart failure, embolism, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES 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. <u>493X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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 <u>1946</u> , to <u>June 5, 1951</u> , that I last saw the deceased alive on <u>June 27, 1951</u> and that death occurred at <u>3:40a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Palmyra, Missouri</u>	23c. DATE SIGNED <u>5/7/51</u>
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>6/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) <u>Greenwood Cemetery Palmyra, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/7/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Lewis Bros. Palmyra, Mo.</u>	

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 19 1951
MARION CO. HEALTH DEPT.
DATE FILED JUN 19 1951

1961 LZ-NOT

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 Mihewis

Student Embalmer No. 381

working under my personal supervision.

Student

George M. Lewis
Student Embalmer

Signed

George M. Lewis

Licensed Embalmer No. 2382

P. O. Address Falmers, 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.