

FILED JUN 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20970**

BIRTH NO. 39613-51 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla Mo. 0892</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelp. Co Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 3, 1951</u>		9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>					

13a. FATHER'S NAME <u>Frank Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Alyce Remington</u>		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) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME / 6 Gr. ADDRESS <u>Mrs. Alyce Taylor Rolla, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre maturity 5 1/2 Mo gestation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u>
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>		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)		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 June 3, 1951, to June 3, 1951, that I last saw the deceased alive on June 3, 1951, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Ingers</u>		23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>6/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>	
24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>June 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hall</u>	
				ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0892

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.....

was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Jeff H. Hallow

Signed.....

Student Embalmer

Licensed Embalmer No. *3643*

P. O. Address *Pelee, 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.