

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23627**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 23

0570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) William	b. (Middle) Jasper	c. (Last) Tayon	July 27, 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 14, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail clerk		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Mdee. Stores		11. BIRTHPLACE (State or foreign country) Hamburg, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Tayon		13b. MOTHER'S MAIDEN NAME Sarah Nelson		14. NAME OF HUSBAND OR WIFE Mabel Tayon, Winfield, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-09-7646		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Randall Tayon - Winfield, 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) Acute Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 6 weeks about	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis				6 weeks about
		DUE TO (c) Hypertensive Heart Disease				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Indefinite	

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) (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 June 12, 1951 to August 27, 1951 that I last saw the deceased alive on August 27, 1951, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Frank L. Sutton, D.O. (Degree or title)		23b. ADDRESS Winfield, Mo.		23c. DATE SIGNED 8/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1951		24c. NAME OF CEMETERY OR CREMATORY Winfield	
				24d. LOCATION (City, town, or county) (State) Winfield, Missouri	

DATE REC'D BY LOCAL REG. Aug 11-1951		REGISTRAR'S SIGNATURE Emmanuel B. Riddle		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elsberry, Mo.	
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File No.
DISTRICT HEALTH OFFICE No. 4

AUG 13 1951

RECEIVED

AUG 21 1951

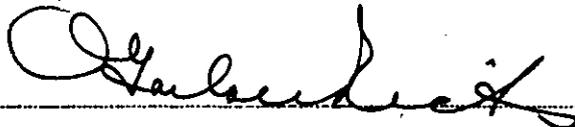
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Signed _____



Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.