

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26046**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>235</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kirkville,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green Smith Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1008 S. Osteopathy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie Bell</u> b. (Middle) <u>Taylor</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1878</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John F. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ellen Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Carson Wm. Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carson W. Taylor, Kirkville, Mo.</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cause of brain (secondary)</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Sarcoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastatic air cells in right</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
19a. DATE OF OPERATION <u>None</u>	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) _____	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>8/1</u> 19 <u>51</u> , to <u>8/29</u> 19 <u>51</u> , that I last saw the deceased alive on <u>8/29</u> 19 <u>51</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. King M.D.</u> (Degree or title)		23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>8/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8.30.51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Wood</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-29-51</u>	REGISTRAR'S SIGNATURE <u>Nate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Riley</u> ADDRESS <u>Kirkville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-57-1548  
Date Filed SEP 5 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *James E. Cooper*

Licensed Embalmer No. *4119*

P. O. Address *Birkville, 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.