

No. 300
10. 48

FILED OCT 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30672

State File No.

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5612 Registrar's No. 510

1. PLACE OF DEATH a. COUNTY <u>Troy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Troy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bee Ridge</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George P.</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 1951</u>		
--	--	--	---	--	--

5. SEX <u>MO</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 8, 1876</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 10 HRS. <u>75</u> Months <u>4</u> Days <u>21</u> Hours _____ Min. _____	
------------------	----------------------------	---	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber mill</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sawing lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Troy County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	---

13a. FATHER'S NAME <u>William</u>	13b. MOTHER'S MAIDEN NAME <u>America Sue Teets</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Taylor</u>
--------------------------------------	---	--

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. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Taylor</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy of Heart (Chronic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4343</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1950, to 9/29, 1951, that I last saw the deceased alive on 9/29, 1951, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Waldo B. Segur M.D.</u>	23b. ADDRESS <u>Knox City, Mo.</u>	23c. DATE SIGNED <u>10/2/51</u>
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>	24d. LOCATION (City, town, or county) (State) <u>Novelty, Mo.</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Walter S. Dunnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly's Funeral Home</u>	ADDRESS <u>Edina</u>
---	---	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edina, 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.