

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42010

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township). c. CITY OR TOWN <u>Joplin</u> <u>0495</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2204 CONNOR</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUBERT</u> b. (Middle) <u>TAYLOR</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>12/13/1905</u>
9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Book Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLERICAL</u>	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>EARNEST TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL VICKERY</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to unknown) (If yes, give war or dates of service) <u>YES</u>	
16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leola V. Taylor 2204 Connor</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE COR PULMONALE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHR. BRONCHIAL ASTHMA</u> <u>UNKO</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>UNREVEALED</u> 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>241X</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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-13-51</u> , 19 <u>51</u> , to <u>12-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-17</u> , 19 <u>51</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. Osborn</u>		23b. ADDRESS <u>First Bldg. Joplin</u>	
23c. DATE SIGNED <u>12/18/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24a. DATE <u>12/20/51</u>		24b. NAME OF CEMETERY OR CREMATORY <u>OSBORN</u>	
24c. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FURLBUT GLOVER MORTUARY</u>	
DATE REC'D BY LOCAL REG. <u>12-20-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>138</u>	

(Licensed Embalmer's Statement on Reverse Side)

422 59X

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

RECEIVED 12-31-51
Jasper County Health Office

County File Number 51/12/977

Date Filed 12-31-51

2001 8 1 1967

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 Paul Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.