

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44313

State File No. ....

FILED FEB 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer</b>		c. LENGTH OF STAY (In this place) <b>10 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Thayer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0750</b> <b>0</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>SARAH</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>TAYLOR</b>	(Month) <b>12</b>	(Day) <b>5</b>	(Year) <b>1951</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 23, 1869</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR Months <b>11</b>	11. UNDER 1 YEAR Days <b>12</b>	12. UNDER 1 YEAR Hours <b></b>	13. UNDER 1 YEAR Min. <b></b>
-------------------------	----------------------------------	--	--	--	---	---------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	-----------------------------------	--	---

13a. FATHER'S NAME <b>William Tanner</b>	13b. MOTHER'S MAIDEN NAME <b>Sally (unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>James Henry Taylor</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Hosea J. Taylor</b>	ADDRESS <b>Huntsville, Mo.</b>
--	-------------------------	---	-----------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain and Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>diabetes</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>depression to left leg</b>		

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 Nov 15, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W Cooper MD</b>	(Degree or title)	23b. ADDRESS <b>Thayer Mo</b>	23c. DATE SIGNED <b>1-4-52</b>
--------------------------------------	-------------------	----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12, 5, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jeff Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Thayer Rural Missouri</b>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Feb 19, 1952</b>	REGISTRAR'S SIGNATURE <b>Arthur Wolff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Carter</b>	ADDRESS <b>Thayer Mo</b>
---	--	---	-----------------------------

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Richard Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *44519*

P. O. Address. *Chapin 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.