

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8074

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) ASH GROVE, Rural, 0390	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) RR #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ORIS b. (Middle) JOHN c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) 3-15-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER-MARRIED, WIDOWED-DIVORCED (Specify) widow	8. DATE OF BIRTH JULY 4, 1869	9. AGE (In years last birthday) 82	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during past working life even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME JOHN TAYLOR		13b. MOTHER'S MAIDEN NAME JANE WADDELL		14. NAME OF HUSBAND OR WIFE MARY BELLE TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS F.C. Taylor, Ash Grove, Mo RR#1	

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) Cerebral Hemorrhage ANTECEDENT CAUSES Arterial Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
---	--	---	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., to 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 **3-13, 1952** to **3-15, 1952**, that I last saw the deceased alive on **13-75, 1952**, and that death occurred at **1:10 p.m.**, from the causes and on the date, stated above.

23a. SIGNATURE (Disease or title) MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 3-19-52	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-17-52		24c. NAME OF CEMETERY OR CREMATORY Williamson Cemetery		24d. LOCATION (City, town, or county) (State) Walnut Grove, Mo.	
---	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 3-20-52		REGISTRAR'S SIGNATURE James H. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bruce Daniel Ash Grove, Mo	
--	--	---	--	---	--

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

396
0

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.

Signed.....
Student Embalmer

Student Embalmer No. _____

Signed

Licensed Embalmer No. _____

P. O. Address _____

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.