

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9134**

FILED APR 8 1952

Registrar's No. **18**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5769**

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

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| 1. PLACE OF DEATH a. COUNTY Mercer | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lindley Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lindley Twp. | |
| c. LENGTH OF STAY (In this place) 14 years | | d. STREET ADDRESS (If rural, give location) 7 Mi. N. E. of Cainville, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7 miles N. E. of Cainville. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Pleneth | b. (Middle) Ola | c. (Last) Taylor | 4. DATE OF DEATH (Month) (Day) (Year) | March 4 1952 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH November 9 1882 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 4 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY General Farming | 11. BIRTHPLACE (State or foreign country) Harrison Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Issac W. Taylor | 13b. MOTHER'S MAIDEN NAME Mary Coates | 14. NAME OF HUSBAND OR WIFE Emma Lucille Taylor |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) None | 17. INFORMANT'S SIGNATURE OR NAME Emma Lucille Taylor | ADDRESS RFD Cainville, Mo. |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver | | 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) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **Jan 1, 1950**, to **March 3, 1952**, that I last saw the deceased alive on **March 1, 1952**, and that death occurred at **5:30 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. M. Berry M. D. | 23b. ADDRESS Princeton, Missouri. | 23c. DATE SIGNED 3/6/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 7, 1952. | 24c. NAME OF CEMETERY OR CREMATORY Akron Cemetery | 24d. LOCATION (City, town, or county) (State) RFD Blythedale, Missouri. |
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| DATE REC'D BY LOCAL REG. 4-4-52 | REGISTRAR'S SIGNATURE W. H. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ... | ADDRESS Cainville, Mo. |
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STATEMENT BY LICENSED EMBALMER

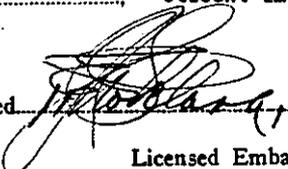
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, gt/ly

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.