

No. 306 FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12196**

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

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4061		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell			
b. CITY OR TOWN Braymer		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN Braymer		0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION. city limits				d. STREET ADDRESS (If rural, give location) city limits			
3. NAME OF DECEASED (Type or Print) ROBERT ALEXANDER TAYLOR			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Mar. 30, '52 (Month) (Day) (Year)	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 8, 1857		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ray Co., Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Taylor		13b. MOTHER'S MAIDEN NAME Carrie Bohman		14. NAME OF HUSBAND OR WIFE Mrs. A. Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Loe Goe Braymer, Mo.				
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) Multiple Sclerosis - (old age)				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none		DUE TO (c) none			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				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) 345X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 25, 1912 , to March 30, 1952 , that I last saw the deceased alive on March 29, 1952 , and that death occurred at 9 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry H. Stettin M.D.				23b. ADDRESS Braymer Mo.		23c. DATE SIGNED 4/1/1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/1/1952	24c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery		24d. LOCATION (City, town, or county) (State) Braymer Mo.		
DATE REC'D BY LOCAL REG. 5-8-52		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Levitt, Michael		ADDRESS Braymer, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Gene B. Michael

Licensed Embalmer, No. *4340*

P. O. Address *Braunton, 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.