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 S. No. 300
 v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19154**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6227** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellis (Deerfield Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Lake Township)	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) N.W. of Nevada Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of Daughter			

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) MAUDE c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) May 18 1952		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 3rd. 1887	9. AGE (In years) (Months) (Days) (Hours) (Min.) 64 7 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Springfield, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Burton Wilson	13b. MOTHER'S MAIDEN NAME Emma Mahler	14. NAME OF HUSBAND OR WIFE Roy E. Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy E. Taylor ADDRESS Nevada Mo. P.O.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH About 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Spinal Cord		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) don't know DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Oct. - 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma Spinal Cord	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	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 **5-19**, 19**51**, to **5-18**, 19**52**, that I last saw the deceased alive on **5-18**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Howe MD (Degree or title)	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 5-28-52
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24a. BURIAL - CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20 1952	24c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery	24d. LOCATION (City, town, or county) (State) Deerfield, Missouri
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DATE REC'D BY LOCAL REG. 6-6-1952	REGISTRAR'S SIGNATURE Anna E. Herrick	25. FUNERAL DIRECTOR'S SIGNATURE Albert L. Hayes ADDRESS Nevada Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 *Allen D. Hayes*

Licensed Embalmer No. *1968*

P. O. Address *Nevada, 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.