

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27267**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **930**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bucnanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 1621 1/2 Messanie Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Crews		b. (Middle)		c. (Last) Taylor, Sr.		4. DATE OF DEATH (Month) (Day) (Year) 8 24 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12 25 1891		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS* OR INDUSTRY Heat & Storage		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Milton Taylor		13b. MOTHER'S MAIDEN NAME Mary Liza (Unkwn)		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amos Mitchell 404 So. 16th St	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident.		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Arteriosclerotic Heart Disease		Unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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) m.		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 **4-18 1952**, to **8-24 1952**, that I last saw the deceased alive on **8-24 1952**, and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Crews		23b. ADDRESS St. Joseph, Tootle Building Mo.		23c. DATE SIGNED 8-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8 27 1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	

DATE REC'D BY LOCAL REG. Sept 16, 1952		REGISTRAR'S SIGNATURE Carl C. Casey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
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(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

Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.