

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28502
CIVIL

No. 300
10. 48

State File No. _____
Registrar's No. _____

FILED SEP 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3828</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>843 E. 5th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>843 E. 5th St.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Taylor</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 9, 1904</u>	9. AGE (In years last birthday) <u>48</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Smith Bros.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Smith Bros.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Veron, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Orville Samuels</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Fisher</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Samuels, Carthage, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis generalized, primary in the right ovary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
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.					
19a. DATE OF OPERATION <u>16 July '52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Primary adenocarcinoma right ovary</u>			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)	
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 <u>14 July</u> , 19 <u>52</u> , to <u>3 Sept '52</u> , that I last saw the deceased alive on <u>2 Sept '52</u> , 19 <u>52</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. L. Samuels</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>Carthage Missouri</u>		23c. DATE SIGNED <u>3 Sept '52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>	

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

RECEIVED 9-11-52
Jasper County Health Office

County File Number 52/9/718
Date Filed 9-11-52

OCT 6 1952

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. 462

working under my personal supervision.

Student Robert E. Muddleson
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.