

H.M. Hendrickson THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **30891**

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>214</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscott</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>R#3 Steele Mo. 0780</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u>				d. STREET ADDRESS <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar G.</u> b. (Middle) _____ c. (Last) <u>Taylor</u>			4. DATE OF DEATH <u>8-24-52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never Married</u> (Specify)	8. DATE OF BIRTH <u>Aug. 14 1891</u>		9. AGE (in years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>#</u> Days <u>10</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Redona Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Rosella Williams</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
21g. 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 <u>8:23</u> <u>1952</u> , to <u>8-23</u> , 1952, that I last saw the deceased alive on <u>8-22</u> , 1952, and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.M. Hendrickson M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>8-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie</u>	
DATE REC'D BY LOCAL REG. <u>9-8-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Bob Turner</u>		ADDRESS <u>Blytheville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0124
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FILED SEP 17 1952

RECEIVED

SEP 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 952-456

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James R. Storsall

Licensed Embalmer No. 3100

P. O. Address Blytheville

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.