

No. 300
10-48

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39706

State File No.

373

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EARL</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>TAYLOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-23-1883</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR <u>0</u>	Days <u>8</u>	# UNDER 1 MO. <u>0</u>	Hours <u>0</u>	Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Fitter Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George W. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Rose</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rose J. Taylor</u>	ADDRESS <u>Blue Springs Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of ASHD.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture - Spine - Paraplegia -</u>		<u>4 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis 13th Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 27 1952 4 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Unknown</u>
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22. I hereby certify that I attended the deceased from 11-27, 1952, to 12-1, 1952, that I last saw the deceased alive on 12-1, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Olvin L. Lowe M.D.</u>	23b. ADDRESS <u>48 1/2 S. Ohio - Sedalia, Mo</u>	23c. DATE SIGNED <u>12-3-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter and Pauls</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-4-52</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

204

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 *K. P. M. Crary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.