

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5093

State File No.

01714

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bosworth</u> <u>0170</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Singleton Rest Home</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM TAYLOR</u> (Type or Print)		b. (Middle) <u>Finch</u>	c. (Last)
4. DATE OF DEATH <u>Feb. 7 1953</u>		5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>		8. DATE OF BIRTH <u>Oct 21-1868</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carroll County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Calvin Finch</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Smith</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>none</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mina Ramsey</u> ADDRESS <u>602 1/2 Third St. Madison La.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>		19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Feb. 5, 1953</u> , to <u>Feb. 7, 1953</u> , that I last saw the deceased alive on <u>Feb. 7, 1953</u> , and that death occurred at <u>5:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Evelyn L. Smith</u> (Degree or title)		23b. ADDRESS <u>107 1/2 9th St. Carrollton, Mo.</u>	23c. DATE SIGNED <u>2-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>	24d. LOCATION (City, town, or county) (State) <u>9 mi. S.W. of Bosworth Mo.</u>
DATE REC'D BY LOCAL REG. <u>2/12/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leipard + Edwards</u>	ADDRESS <u>Bosworth Mo</u>

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

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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Boxworth 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.