S. No. 300
v. 10.48

FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13640

State File No.

BIRTH NO. REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 32

6000
5

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kearney Liberty
c. LENGTH OF STAY (In this place): 50 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clay Co Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holt Mo
d. STREET ADDRESS (If rural, give location): 6000

3. NAME OF DECEASED (Type or Print)
a. (First): DAVid
b. (Middle): BEll
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): April 16-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 23-1863
9. AGE (In years last birthday): 90 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen Farm work
11. BIRTHPLACE (State or foreign country): Grundy Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: B F Tayler
13b. MOTHER'S MAIDEN NAME: Katherine
14. NAME OF HUSBAND OR WIFE: Millie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
If yes, give war or dates of service: No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clyde Taylor
ADDRESS: Holt Mo

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): General Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1953 *to* April, 1953, *that I last saw the deceased alive on* April 16, 1953 *and that death occurred at* 2:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Goodson
23b. ADDRESS: Liberty Mo
23c. DATE SIGNED: 4/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Muddy Fork
24d. LOCATION (City, town, or county) (State): 3 miles North Kearney Mo

DATE REC'D BY LOCAL REG.: April 18, 1953
REGISTRAR'S SIGNATURE: Dunnie Haynes 64-0
25. FUNERAL DIRECTOR'S SIGNATURE: Leonard Fry
ADDRESS: Kearney Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.