No. 300
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FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23629

State File No. 23

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6178 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. Duncan Twp
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Duncan Twp
d. STREET ADDRESS (If rural, give location) 1050

3. NAME OF DECEASED (Type or Print) a. (First) Wesley b. (Middle) LeRoy c. (Last) Taylor

4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 53

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 5-16-1877
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 1 Days 6 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME John W. Taylor
13b. MOTHER'S MAIDEN NAME Martha Harmon
14. NAME OF HUSBAND OR WIFE Alice M Fields (dead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Beryl Taylor ADDRESS North Salem - 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Instant

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. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* June 22, 1953, *to* June 22, 1953, *that I last saw the deceased alive on* June 10, 1953, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE J. R. McArtor (Degree or title) MD
23b. ADDRESS Browning
23c. DATE SIGNED 6-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-25-53
24c. NAME OF CEMETERY OR CREMATORY Fields Cem.
24d. LOCATION (City, town, or county) (State) Reger - Mo

DATE REC'D BY LOCAL REG. July 2-1953
REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320
25. FUNERAL DIRECTOR'S SIGNATURE Schoenes Dwight Schoenes ADDRESS Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schroeder

Licensed Embalmer No. 2667

P. O. Address Milan - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.