

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29207

State File No. \_\_\_\_\_

FILED AUG 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5645</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 1 Aurora</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 1 Aurora</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA TWP.</u>				d. STREET ADDRESS (If rural, give location) <u>0 550 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leander Alvin</u>			b. (Middle) _____			c. (Last) <u>Taylor</u>	
4. DATE OF DEATH <u>August 17, 1953</u>		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>May 3, 1872</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bergman, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Alfred Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Bedingfield</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Taylor</u>	
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. Lee Taylor, Aurora, R. 1 Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oh Myocarditis</u> ANTECEDENT CAUSES <u>as cardiac dilatation</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>as iliac colitis</u> DUE TO (c) <u>Paternal Brain hemorrhages</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>48 hrs.</u> <u>9/27/53</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>9/27</u> <u>1953</u> , to <u>6-17</u> , <u>1953</u> , that I last saw the deceased alive on <u>8/16</u> <u>1953</u> , and that death occurred at <u>5:35 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. S. Lowan</u>		23b. ADDRESS <u>2nd &amp; Aurora, Mo.</u>		23c. DATE SIGNED <u>8/17/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Surridge, Marionville, Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-18-53</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Surridge, Marionville, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10. 48  
TOWNSHIP  
05550  
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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

*Herman Turridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville, 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.