

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35258

State File No.

FILED OCT 26 1953

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY <u>Wair Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>Alexander</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Loans</u>		8129 8
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>903 Cedar St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>M</u>	c. (Last) <u>Taylor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 53</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>Aug 4, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Cleaner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>	11. BIRTHPLACE (State or foreign country) <u>New Haven Conn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Gladie Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or date of service) <u>332-03-5768</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl E. Taylor</u>		ADDRESS <u>Cairo Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative pancreatitis and intestinal obstruction</u>			DUE TO (b) <u>Sarcoma of Lt. Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Extension into pancreas</u>		<u>2 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Stomach, spleen, colon & peri-aortic regions</u>		
19a. DATE OF OPERATION <u>10-7-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>See (b) & (c)</u>		20. AUTOPSY? <u>180x</u>		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-25, 1953, to 10-21, 1953</u> that I last saw the deceased alive on <u>18</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L.P. Seabaugh, M.D.</u>			23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>10-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spencer Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Mountains 2nd</u>		
DATE REC'D BY LOCAL REG. <u>10-23-53</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Karcher</u>		ADDRESS <u>Loans 500</u>

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

No. 200
10-48

APR 23 1958

JUL 24 1958

JUL 24 1958

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

GA 21-1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank A. Karcher*

Licensed Embalmer No. *2103*

P. O. Address *Paris Ill*

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.