

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36478

78

FILED NOV 12 1953

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No.

1. PLACE OF DEATH a. COUNTY MCDONALD			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MCDONALD		
b. CITY (If outside corporate limits, write RURAL and give township) NOEL		c. LENGTH OF STAY (In this place) 1 MO.	c. CITY (If outside corporate limits, write RURAL and give township) ANDERSON		0600
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) DAISY - EDNA - TAYLOR			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 9 - 25 - 53		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4-22-1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR 5 Months	IF UNDER 1 YEAR 1 Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME H.E. DEAN		13b. MOTHER'S MAIDEN NAME ADELIA - WASSON		14. NAME OF HUSBAND OR WIFE Edd TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME INA-HALL-NOEL-MO.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Splenic abscess					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Splenomegaly					
		DUE TO (c) HEPATIC CIRRHOSIS					
		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				20. AUTOPSY? 5810	
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) (Min.)		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 June, 1951, to 9/23, 1953, that I last saw the deceased alive on 9/23, 1953, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.D. Fountain		23b. ADDRESS 2 D. O. Noel MO		23c. DATE SIGNED Sept 28, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-25-43	24c. NAME OF CEMETERY OR CREMATORY ANDERSON		24d. LOCATION (City, town, or county) (State) ANDERSON-MO.

DATE REC'D BY LOCAL REG. 10-2-53		REGISTRAR'S SIGNATURE Wayne Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey Pincelle, Mo.		ADDRESS	
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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 Mayne E. Humphrey
Licensed Embalmer No. 4262

P. O. Address Parisville, 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.