

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 101

FILED DEC 8 1953

BIRTH NO. ....

REG. DIST. NO. 337PRIMARY REG. DIST. NO. 6145

No. 300

10.48

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

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 5 mi N W</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - SALT RIVER TWP</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles N.W. Shelbina, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALT RIVER TWP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>L. Eudora</u> c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 20, 1875</u>
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR (Months) <u>2</u>	10. UNDER 1 Wk. (Days) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>State of Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>David White</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Rivers</u>	14. NAME OF HUSBAND OR WIFE <u>Ruben Taylor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Taylor, RFD Shelbina, Mo</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>334 X</u>	
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>Nov 21, 1952 to</u> <u>Sept 18, 1953</u> , that I last saw the deceased alive on <u>Sept 18, 1953</u> and that death occurred at <u>A m.</u> , from the cause and on the date stated above.			
23a. SIGNATURE <u>Joseph H. Tompkins</u>		23b. ADDRESS <u>Shelbina Mo</u>	23c. DATE SIGNED <u>11/28/53</u>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbyville IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbyville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-30-53</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	419-7	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Hayes</u> ADDRESS <u>Shelbina, Missouri</u>

DEC 9

**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.

Signed Paul E Hayes

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Shelburne, Vt.

**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.