

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5226**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Mt. Pleasant		c. CITY OR TOWN STAY (in this place) 2 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 mile west Belton		e. STREET ADDRESS (If rural, give location) 1/4 mile west, Belton	

3. NAME OF DECEASED (Type or Print) a. (First) CLEO b. (Middle) MAGGIE c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1954		
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1901	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Macon Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jerry VanDike	13b. MOTHER'S MAIDEN NAME Sally Moody	14. NAME OF HUSBAND OR WIFE A. Dewey 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 A. D. Taylor ADDRESS Belton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Decompensation DUE TO (c) Inter-sclerotic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

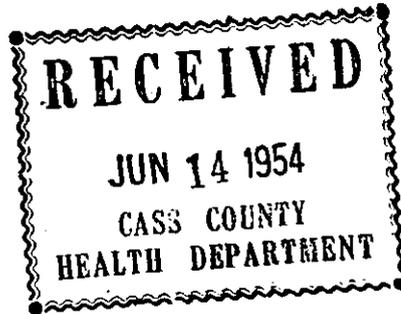
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (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 **April, 1952** to **June, 1954**, that I last saw the deceased alive on **2 June, 1954**, and that death occurred at **3:30 am.** from the causes and on the date stated above.

23a. SIGNATURE John R. McKee (Degree or title) D.O.	23b. ADDRESS Belton, Mo.	23c. DATE SIGNED 6-6-1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/6/1954	24c. NAME OF CEMETERY OR CREMATORY Bevier Cem
24d. LOCATION (City, town, or county) (State) Bevier Mo		

DATE REC'D BY LOCAL REG. June 7, 1954	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Edwards Funeral Home ADDRESS Bevier, Mo.
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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.....
Signature of Student Embalmer

Signed *Richard E. George*

Licensed Embalmer No. *395*

P. O. Address *Bellton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.