

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16562**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **185** PRIMARY REG. DIST. NO. **5692** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Parson Creek Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Parson Creek Twp.</b>	
c. LENGTH OF STAY (In this place) <b>35 years</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles southeast of Meadville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles southeast of Meadville</b>		e. STREET ADDRESS <b>4 miles southeast of Meadville</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>Glenn</b> c. (Last) <b>Taylor</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 6, 1893</b>		9. AGE (In years last birthday) <b>61</b>		10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Linneus, Missouri</b>	

13a. FATHER'S NAME <b>John R. Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza J. Harter</b>		14. NAME OF HUSBAND OR WIFE <b>Martha C. Robbins (dec'd)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Taylor; Meadville, Missouri</b>	

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) <b>Septicemic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma</b> DUE TO (c) <b>Spontaneous rupture of abdominal aorta</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 hrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>of abdomen</b>			

19a. DATE OF OPERATION <b>Sept. 1951</b>		19b. MAJOR FINDINGS OF OPERATION <b>Large tumor mass retroperitoneally</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 **9/1/51**, to **6/7**, 19**54**, that I last saw the deceased alive on **6/7**, 19**54**, and that death occurred at **2:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Bohannon</b>		(Degree or title) <b>no</b>		23b. ADDRESS <b>211 Linn Brookfield Mo</b>		23c. DATE SIGNED <b>7/1/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-9-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Meadville</b>		24d. LOCATION (City, town, or county) (State) <b>Meadville, Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>June 8 - 1954</b>		REGISTRAR'S SIGNATURE <b>Chris A. Martens</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman Funeral Home; Chillicothe, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

0580

AUG 26 1954

AUG 30 1954

**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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.