

No. 300  
10-48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23769

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 731 PRIMARY REG. DIST. NO. 4346 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Montgomery City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. CITY OR TOWN <u>Montgomery City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Montgomery Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1954.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 20, 1875</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery County, Mo.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William S. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Jane Ellis</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Taylor McElharrack, Jr.</u> ADDRESS <u>920</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> ANTECEDENT CAUSES DUE TO (b) <u>CHRONIC ARTERIO SCLEROSIS</u> <u>10 YEARS</u> DUE TO (c) <u>CHRONIC PARANOPHYMOUS NEPHRITIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15 YRS</u>	
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 <u>JUNE</u> , 19 <u>53</u> , to <u>JULY 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>JULY 15</u> , 19 <u>54</u> , and that death occurred at <u>9:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Abt Van Cusdale D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo.</u>	23c. DATE SIGNED <u>7-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18, '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-24-54</u>	REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u> 500	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlenker Funeral Home</u> ADDRESS <u>Montgomery City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
*E. Doone Schlank*

Licensed Embalmer No. *44-1...*

P. O. Address *Montgomery*

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.