

FILED DEC 2 1954

STANDARD CERTIFICATE OF DEATH

39961

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4537 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irondale</u>		c. CITY OR TOWN <u>Irondale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 Years</u>		e. STREET ADDRESS (If rural, give location) <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Irondale</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Albert</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 12, 1875</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER: YEAR Months Days IF UNDER: YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caledonia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Robert Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Molly Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Taylor Irondale, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure Block</u>			<u>Immediate</u>
		ANTECEDENT CAUSES			
		Coronary Thrombosis With Myocardial Infarction DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>20 hours</u>
		DUE TO (c) <u>Arteriosclerosis</u>			<u>25 years</u>
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 March 5, 1954, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Leadwood, Mo.</u>		23c. DATE SIGNED <u>11-24-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/25/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery, Caledonia, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG <u>11/26/54</u>		REGISTRAR'S SIGNATURE <u>Arline Giddens</u>		403-10		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>But L. Boyer Leadwood, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED

NOV 30 1954

WASH. COUNTY HEALTH D

File No. _____

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 *William E. Boyer*
Licensed Embalmer No. *473*
P. O. Address *Leadwood*

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.