

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40742

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5644 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town or village) Armstrong, Rural, ^{township} Burton	c. LENGTH OF STAY (in this place) 36 yrs	c. CITY OR TOWN Armstrong	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 R. R. # 2 Armstrong, Mo.		STREET ADDRESS (If rural, give location) R. R. 2	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Velma c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/5/1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Month 1 Day 14	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Clifton Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Carson J. Patton		13b. MOTHER'S MAIDEN NAME Mae Mayo		14. NAME OF HUSBAND OR WIFE Robert T. Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert T. Taylor Armstrong, Mo.	

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) Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Suicidal DUE TO (b) DUE TO (c) Mental Depression		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E975X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Armstrong, Howard Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 1954 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped into Pond	
22. I hereby certify that I attended the deceased from 12-19-54 , to 12-19-54 , that I last saw the deceased Dead , on 12-19-54 , and that death occurred on 12-19-54 m., from the causes and on the date stated above.					

23a. SIGNATURE W. Bloom		(Degree or title)		23b. ADDRESS M. D. (Dr.) Fayette Mo		23c. DATE SIGNED 12-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/1954		24c. NAME OF CEMETERY OR CREMATORY Old Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Armstrong, Missouri	
DATE REC'D BY LOCAL REG. 12-24-54		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Bass		ADDRESS Fayette, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

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

FEB 1 1963

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....
Licensed Embalmer No. *33*

P. O. Address *Fayette,*

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.