

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10766

State File No.

FILED APR 12 1955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>353</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Licking</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Licking</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural give location) _____				<u>1070</u>	
3. NAME OF DECEASED (Type or Print) <u>Anna Sherwood Taylor</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-55</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 11 1885</u>		9. AGE (In years) (Month) (Day) <u>70</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Sydney Sherwood</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Lorenz</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Taylor</u>				ADDRESS <u>Licking, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Arteriosclerosis, degenerative, Decompensated Heart Dis.</u> DUE TO (c) <u>Grade IV</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND 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) _____		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>Mar 12</u> , 19 <u>55</u> to <u>Apr 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Apr 1</u> , 19 <u>55</u> and that death occurred at <u>5:06</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Burns, MD</u>			(Degree of title) _____			23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>4/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>4/8/55</u>		REGISTRAR'S SIGNATURE <u>Elvora Nesie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Hudson</u>		ADDRESS <u>Licking, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1070

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 *Erbert E. Ferguson*.....

Licensed Embalmer No. *394*.....

P. O. Address *Beckley*.....

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.