

FILED JUN 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19274

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lexington</i> c. LENGTH OF STAY (In this place) <i>30 minutes</i>		c. CITY OR TOWN <i>Marshall</i> d. In residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>0912</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Died at Elizabeth Cady Home 1408 Franklin</i> STREET ADDRESS (If rural, give location) <i>566 South O Dell</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>Edmund</i> c. (Last) <i>Taylor</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 14-1955</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 25-1900</i>
9. AGE (In years last birthday) <i>55</i>		IF UNDER 1 YEAR Months Days	IF UNDER 28 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Paint & wall paper</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas City, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>William Lee Taylor</i>	

13b. MOTHER'S MAIDEN NAME <i>Virgil Carmelia Glover</i>		14. NAME OF HUSBAND OR WIFE <i>Francis H Taylor</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-30-6994</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Francis H. Taylor</i>		ADDRESS <i>Marshall Mo</i>	

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) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Few minutes</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Died after a few minutes illness following physical exertion</i> DUE TO (c) <i>exertion</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Obesity</i>		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>No surgery</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>M</i>		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's death on *April 17*, 19*55*, that I last saw the deceased alive on *April 17*, 19*55*, and that death occurred at *7:30* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. Martin M.D. Surgeon</i>		23b. ADDRESS <i>Odesa Mo</i>		23c. DATE SIGNED <i>4-24-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 16 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill</i>	
24d. LOCATION (City, town, or county) (State) <i>Pleasant Hill, Missouri</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>W. Martin M.D.</i> ADDRESS <i>Odesa Mo</i>			

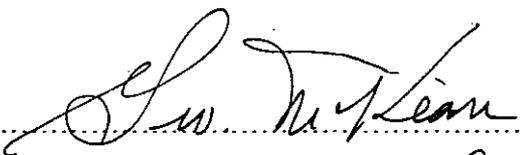
DATE REC'D BY LOCAL REG. <i>6-15-55</i>		REGISTRAR'S SIGNATURE <i>W. Martin M.D.</i>		15. FUNDING AGENCY'S SIGNATURE <i>W. Martin M.D.</i> ADDRESS <i>Odesa Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

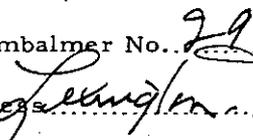
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 290

P. O. Address.....


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.