

0.300
0.48

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21087**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **178**

1. PLACE OF DEATH
a. COUNTY **Boone**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Missouri** b. COUNTY **Randolph**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Columbia Mo. 4**) c. LENGTH OF STAY (In this place) **7 days**

c. CITY OR TOWN **Moberly** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Sanford Conv. Home**

STREET ADDRESS (If rural, give location) **General Delivery**

3. NAME OF DECEASED (Type or Print) a. (First) **Christina** b. (Middle) **R.** c. (Last) **Taylor** 4. DATE OF DEATH (Month) (Day) (Year) **July 11, 1955**

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **1/8/1905** 9. AGE (In years last birthday) **50** IF UNDER 1 YEAR Months **8** Days **3** IF UNDER 1 HR. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and State or Foreign Country) **Howard County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Owen Moore** 13b. MOTHER'S MAIDEN NAME **Amanda Connor** 14. NAME OF HUSBAND OR WIFE **Milton Taylor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No.** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Bettie Broadus Fayette** ADDRESS **Missouri**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **16 hrs**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Hypertension**
DUE TO (c) **Diagnosis made from history. Patient was**
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 **never seen by me. Was D.O.A. 331X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. Ray Miller M.D.** (Degree or title) 23b. ADDRESS **22 N 8th Columbia** 23c. DATE SIGNED **13 July 55**

24a. BURIAL, CREMATION, REMOVAL 24b. DATE **7/11/1955** 24c. NAME OF CEMETERY OR CREMATORY **Fayette Colored Cem.** 24d. LOCATION (City, town, or county) (State) **Howard County, Missouri**

DATE REC'D BY LOCAL REG. **July 13 1955** REGISTRAR'S SIGNATURE **Mrs R E Palmer 31** 25. FUNERAL DIRECTOR'S SIGNATURE **Ralph A. Chew** ADDRESS **Fayette, Mo.**

(Licensed Embalmer's Statement of Reverse Side)

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

P. O. Address *Jayette*.....

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.