

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22721

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 3084		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY LAFAYETTE		b. CITY (If outside corporate limits, write RURAL and give OR TOWN HIGGINSVILLE		c. LENGTH OF STAY (in this place) 100 days		a. STATE MISSOURI b. COUNTY LAFAYETTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION SCHELEICHER REST HOME				c. CITY OR TOWN CORDER			
				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) No Street Address				0540			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) HAROLD	b. (Middle) GEORGE	c. (Last) TAYLOR	Month	Day	Year	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 8, 1877	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY PAINT & REDECORATING		11. BIRTHPLACE (City and State or Foreign Country) STATE OF ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE TAYLOR		13b. MOTHER'S MAIDEN NAME MARGUERITE PROSSERE		14. NAME OF HUSBAND OR WIFE DECEASED MRS MERTIE T. TAYLOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-14-5008		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THAD TAYLOR KANSAS CITY, MO			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Carcinoma of prostate			
				DUE TO (c)			
				11. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. 177X			
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 Dec 4, 1954, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 2:55 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Edwin Wilson, D.O.		23b. ADDRESS Higginsville, Mo.		23c. DATE SIGNED 8/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4, 1955		24c. NAME OF CEMETERY OR CREMATORY CORDER CEMETERY		24d. LOCATION (City, town, or county) (State) CORDER MO	
DATE REC'D BY LOCAL REG Aug 3-1955		REGISTRAR'S SIGNATURE Clayton H. Lounsbury		25. FUNERAL DIRECTOR'S SIGNATURE E. L. James		ADDRESS Concordia, Mo	

(Licensed Embalmer's Statement on 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.....
E. S. James

Licensed Embalmer No. 205

P. O. Address *Concordia*.....

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.