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

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23291

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employees' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville, Rural Route 1 ~~Sugar Creek Twp.~~ 0880
d. STREET ADDRESS (If rural, give location): Pleasant View (a Convalescent Home)

3. NAME OF DECEASED (Type or Print)
a. (First): GILBERT
b. (Middle):
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2

8. DATE OF BIRTH: July 27, 1876

9. AGE (In years last birthday): 78
If under 1 year: Months 11 Days 17
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loco. Fireman, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR Company

11. BIRTHPLACE (City and State or Foreign Country): Iowa

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: No Data

13b. MOTHER'S MAIDEN NAME: No Data

14. NAME OF HUSBAND OR WIFE:

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.: 488-18-3174

17. INFORMANT'S SIGNATURE OR NAME: Hospital records
ADDRESS:

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) (1) Uremia and — INTERVAL BETWEEN ONSET AND DEATH (1) 5 days
(2) Pneumonitis, left lung, extensive... (2) 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensation of Heart with Pulmonary Congestion - Myocarditis.. Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis ..... Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None 4221

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) m.

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* June 1, *19* 55, *to* July 14, *19* 55, *that I last saw the deceased alive on* July 14, *19* 55, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Address or title): D. W. Anderson M.D.
D. W. ANDERSON, M. D., Physician in Charge

23b. ADDRESS: Wabash Employes' Hospital, Moberly, Missouri

23c. DATE SIGNED: 7/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7-15th-1955

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Bloomfield, Iowa

DATE REC'D BY LOCAL REG.: 7-15-55

REGISTRAR'S SIGNATURE: Leola Lowe 269

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mahan and Son, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1955

SEP 7 1955

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 .....
Student Embalmer

Signed Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.