No. 300
10-48

FILED OCT 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30430

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood, Missouri
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN: Bellwood
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 407 South 22d Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): L.
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): Sept 27 1955

5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 6 Dec 1924
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (City and State or Foreign Country): Newfolden, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles O. Taylor
13b. MOTHER'S MAIDEN NAME: Mabel Fish
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Feb 4, 1944 to date
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: [signature] US Army Hospital C. D. Milligan, Major, MSC, Ft. Leonard Wood, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, subarachnoid and basal gauglia.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture, depressed, skull, compound, frontal bone.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Atelectasis, patchy, both lungs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Hazelgreen Pulaski Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 25, 1955 930p m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 25 Sept, 1955, *to* 27 Sept, 1955, *that I last saw the deceased alive on* 27 Sept, 1955, *and that death occurred at* 4:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Capt MC
23b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri
23c. DATE SIGNED: 27 Sept 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 29-1955
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN
24d. LOCATION (City, town, or county) (State): Forest Park Illinois

DATE REC'D BY LOCAL REG.: 9-29-55
REGISTRAR'S SIGNATURE: [signature] 4580
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Billy Jr Hedges Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-29-55
Pulaski County Health Officer
File Number
Date Filed 10-1-55

NOV 18 1955

DEC 14 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 488

P. O. Address Waynes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.