

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7720

State File No. _____

6093

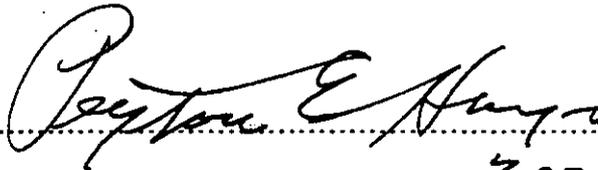
BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. 324		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>				
b. CITY OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY OR TOWN <u>Pilot Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marshall Mo - R#4</u>				e. STREET ADDRESS (If rural, give location) <u>0211</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u> b. (Middle) <u>-MYRTLE-</u> c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 26 - 1956</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-13-1889</u>		9. AGE (In years last birthday) <u>66</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Geo Taylor (Deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo Taylor</u>		ADDRESS <u>Kansas City Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic thrombolytic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		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 _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <u>Feb 11</u> , 1956, to <u>Feb 25</u> , 1956, that I last saw the deceased alive on <u>Feb 25</u> , 1956, and that death occurred at <u>7:25 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Harold E. Rothen M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2/27/56</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walton Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kelso Mo - R#2</u>			
DATE REC'D BY LOCAL REG. <u>2-28-56</u>		REGISTRAR'S SIGNATURE <u>Cecil S. Reed</u>		385-1 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u>		ADDRESS <u>Pilot Grove Mo</u>		

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

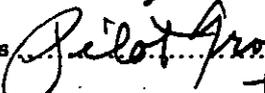
STATEMENT BY LICENSED EMBALMER

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... 307...

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.