

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED APR 16 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Wk.		e. STREET ADDRESS (If rural, give location) 1141 Lyon Street 0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) M.	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) March 27, 1956
-------------------------------------	------------------------	-----------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 17, 1872	9. AGE (In years last birthday) 83	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Rt. #1 Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	---	--	---

13a. FATHER'S NAME Alfred Cottingham	13b. MOTHER'S MAIDEN NAME Flora Berryman	14. NAME OF HUSBAND OR WIFE Edwin W. Taylor
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Burt Keener ADDRESS Rt. #1 Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis - general		
	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 4500	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) m.	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 10-18, 1952, to 3-27, 1956, that I last saw the deceased alive on 3-27, 1956, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE Paul H. Birken (Degree or title) M.D.	23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED 3/28/56
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/30/56	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Missouri
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 3-30-56	REGISTRAR'S SIGNATURE Elly Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage
---	---	--

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

39-0

RECEIVED APR 1 1956
Jasper County Health Officer
County File Number 56-11-317
Date Filed APR 1 2 1956

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 William A. Fulks

Licensed Embalmer No. 465

P. O. Address Castro

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.