

Health,
Welfare
Public
Service

300
1-56 4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20915

STATE FILE NUMBER

FILED JUL 12 1957

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Arcadia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural-Arcadia</u> <u>0470</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>			Length of stay in 1b <u>16 mo. 23 da.</u>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. E. on Hwy 70</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Rev. Oscar Stewart Taylor</u>				4. DATE OF DEATH <u>June 30, 1957</u>					
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 10, 1872</u>			
				9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Preacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pastor of Churches</u>		11. BIRTHPLACE (City and state or country) <u>Ava, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>George Taylor</u>				14. MOTHER'S MAIDEN NAME <u>Carelaine Culp</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Dolores Weiss, Ironton, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Degeneration</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>J. H. McInnis, M.D.</u>				22b. ADDRESS <u>Arcadia, Mo.</u>				22c. DATE SIGNED <u>Jul. 6/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-5-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Deerborn, Mo.</u>			
24. FUNERAL DIRECTOR <u>White Funeral Home</u>				ADDRESS <u>Smith</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-57</u>		26. REGISTRAR'S SIGNATURE <u>McAris Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

280

JUL 17 1957

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. *Paul J. White*.....

Licensed Embalmer No. *321*

P. O. Address *Quinton*.....

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