

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45320**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Cuba</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarlands Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mollie</b>	b. (Middle) <b>Issrig</b>	c. (Last) <b>Taylor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 6 1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 5, 1863</b>
9. AGE (In years last birthday) <b>94</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Steelville mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>George Issrig</b>	13b. MOTHER'S MAIDEN NAME <b>Phenia Harmon</b>	14. NAME OF HUSBAND OR WIFE <b>J.D. Taylor - Dead.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS IRVINE SCOTT</b> ADDRESS <b>Cuba, Mo</b>

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) <b>Senile deterioration (94 years old)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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? <b>2</b> 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) <b>794x</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **4-18, 1956**, to **12-6, 1957**, that I last saw the deceased alive on **11-20, 1957**, and that death occurred at **9:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Faid M.D.</b>	(Degree or title) <input type="checkbox"/>	23b. ADDRESS <b>Rolla mo.</b>	23c. DATE SIGNED <b>12-6-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-9-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kinder</b>	24d. LOCATION (City, town, or county) (State) <b>Cuba mo.</b>

DATE REC'D BY LOCAL REG. <b>Dec. 9, 1957</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Harmon</b> ADDRESS <b>Cuba Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

380

RECEIVED

Phelps County Health Officer,

County File Number 909

Date Filed 12/19/57

MAY 7 1958

JAN 9 1958

FEB 7 1958

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. 4673

P. O. Address Cuba, Mo

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.