

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21064**

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Liberty Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON 25 Mo.</u>	
c. LENGTH OF STAY (in this place) <u>3 mt.</u>		d. STREET ADDRESS (If rural, give location) <u>608 EAST 6th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5007 Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Erdeen Taylor</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 3-1872</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>80</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John J Fowler</u>	13b. MOTHER'S MAIDEN NAME <u>Heberta Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>William Taylor</u>
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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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Max Jack Owen</u>	ADDRESS <u>Cameron</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mich, 1953 to _____, 19____, that I last saw the deceased alive on June, 1953 and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J Gadsden</u> (Degree or title)	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>6/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>De Kalb Co Mo</u>
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DATE REC'D BY LOCAL REG <u>June 18-1953</u>	REGISTRAR'S SIGNATURE <u>Nabel Graham 491</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Foneyal</u>	ADDRESS <u>Home Cameron Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Robert F. Pland.....

Licensed Embalmer No. 4777.....

P. O. Address General.....
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 this body is not embalmed, fact should be so stated above.