No. 300
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FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7154

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 6173 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: SULLIVAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - BOWMAN
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MILAN - (RURAL)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN - RURAL - BOWMAN 105 0
d. STREET ADDRESS (If rural, give location): 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): JAMES
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): FEB 21 1949

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 26, 1874
9. AGE (In years last birthday): 74 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): SULLIVAN CO MO
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: ZACHARY TAYLOR
13b. MOTHER'S MAIDEN NAME: MARY ANN COCHRAN
14. NAME OF HUSBAND OR WIFE: BASNEY TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: BASNEY TAYLOR — ADDRESS: MILAN

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): not known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
350

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1949, *to* Feb 21, 1949, *that I last saw the deceased alive on* Feb 18, 1949, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Montgomery M.D. 0
23b. ADDRESS: Milan Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 23
24c. NAME OF CEMETERY OR CREMATORY: WILHITE
24d. LOCATION (City, town, or county) (State): MILAN - (RURAL) MO

DATE REC'D BY LOCAL REG.: Feb. 23
REGISTRAR'S SIGNATURE: Greta Caldwell 318
25. FUNERAL DIRECTOR'S SIGNATURE: Biggers & Son — ADDRESS: Milan

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 2.49
Date Filed FEB 2 5 1949

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.

Signed [illegible]

Signed _____ Student Embalmer

Licensed Embalmer No. 3792

P. O. Address Milan 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.