

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11112

BIRTH NO. _____ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 6080 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE TWP	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINNITH MO 1		d. STREET ADDRESS (If rural, give location) STAR ROUTE	

3. NAME OF DECEASED (Type or Print) WILLIAM HENRY TAYLOR	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) APRIL 1 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 2 1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CUTLER ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALFRED TAYLOR	13b. MOTHER'S MAIDEN NAME ALICE STENSON	14. NAME OF HUSBAND OR WIFE THERESA TODD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, m, no, or unknown) YES	(If yes, give war or dates of service) WORLD WAR I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME James B. Taylor Cutler Ill, ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Viral Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3/29-3/31/49</u>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4937</u>		?
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Valvular Heart Disease</u>		

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE X (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) X	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? X Apr.
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22. I hereby certify that I attended the deceased from March 29, 1949, to April 1, 1949, that I last saw the deceased alive on March 29, 1949, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE R.B. Lanning M.D. (Degree or title)	23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED 4/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4/1/49	24c. NAME OF CEMETERY OR CREMATORY CUTLER CEMETERY	24d. LOCATION (City, town, or county) (State) CUTLER PERRY CO ILL
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DATE REC'D BY LOCAL REG. Apr. 4-1949	REGISTRAR'S SIGNATURE L.D. Karl per James M. Taylor	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Barber Ste. Genevieve Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48
9500

BY61 68 200

RECEIVED

Health Officer No. 4

File Number 449-47

Filed 4-11-4

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. 311

working under my personal supervision.

Signed *Adrian J. Miller*
Student Embalmer

Signed *Leo C. Sawyer*

Licensed Embalmer No. 1985

P. O. Address *St. Genevieve 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.