

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11479**

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>5114</b>		Registrar's No. <b>28</b>			
1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Zalma, R. Wayne</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Zalma. Wayne,</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>				d. STREET ADDRESS (If rural, give location) <b>Rural - One mile W. of Zalma</b>					
3. NAME OF DECEASED (Type or Print) <b>Margrete</b>			a. (First)		b. (Middle) <b>E</b>		c. (Last) <b>Taylor,</b>		
4. DATE OF DEATH		Month <b>Apr,</b>		Day <b>17</b>		Year <b>49</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec, 19th 1860</b>			
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 1 YEAR Days <b>29</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Penn,</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>James Clapper</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Ettleman</b>		14. NAME OF HUSBAND OR WIFE <b>Francis Thomas Taylor</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J.F. Taylor</b> ADDRESS <b>Zalma, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rupture aortic aneurysm</b> ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH  <b>022X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>John J. Myers (Doctor)</b>				23b. ADDRESS <b>Lutesville, Mo.</b>		23c. DATE SIGNED <b>4/18/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 19th</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Berong Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Zalma, Mo</b>			
DATE REC'D BY LOCAL REG. <b>April 25, 49</b>		REGISTRAR'S SIGNATURE <b>Willie VanLamburgh</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Coy Shetter</b>		ADDRESS <b>Lutesville, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

009

No. 300  
10-48

FIVED

District Health Officer No. 4

District File Number 549-586

Date Filed 5-7-49

**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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.