

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11597**

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 384			
1. PLACE OF DEATH a. COUNTY Buchanan.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph					
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital				d. STREET ADDRESS (If rural, give location) 701 Faraon Street					
3. NAME OF DECEASED (Type or Print) a. (First) Homer			b. (Middle) F.		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 4/6/1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 27, 1902		9. AGE (In years last birthday) 46 If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Ross Auto Park		11. BIRTHPLACE (State or foreign country) Stephens, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Tom Taylor		13b. MOTHER'S MAIDEN NAME Minnie Eckley		14. NAME OF HUSBAND OR WIFE Hortense Taylor					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 521-10-4974		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hortense Taylor 701 Faraon					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 352X				INTERVAL BETWEEN ONSET AND DEATH 7 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coagulation Heart Failure 24 hrs				19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION no	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) ---		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 11-18 , 19 48 , to 4-6- , 19 49 , that I last saw the deceased alive on 4-5 , 19 49 and that death occurred at 12:15A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Clifton Smith M.D.				23b. ADDRESS 218 No. 7th St. St. Joseph, Mo.		23c. DATE SIGNED 4-6-49			
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 4/6/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. April 11, 1949		REGISTRAR'S SIGNATURE H. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wheaton Browman Funeral Home St. Joseph, Mo.					

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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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Hoop...*

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.