

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14972

No. 300

10-48

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 530			
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) OR TOWN St. Joseph /		c. LENGTH OF STAY (in this place) 17 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		/ 7			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2402 Sylvania St				d. STREET ADDRESS (If rural, give location) 2402 Sylvania St					
3. NAME OF DECEASED (Type or Print) Charles Austin Taylor			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-16-1894	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk		10b. KIND OF BUSINESS OR INDUSTRY Western Tablet		11. BIRTHPLACE (State or foreign country) Fairfax, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ernest B. Taylor			13b. MOTHER'S MAIDEN NAME Leona Williams			14. NAME OF HUSBAND OR WIFE Retia M. Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-09-8501		17. INFORMANT'S SIGNATURE OR NAME Mrs Retia M. Taylor-2402 Sylvania				ADDRESS	
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) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --						INTERVAL BETWEEN ONSET AND DEATH 4:20!	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION --				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE no		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 6-29, 1943, to 5-4, 1949, that I last saw the deceased alive on 5-4, 1949, and that death occurred at 7 AM m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <i>Charles Austin Taylor</i>				23b. ADDRESS 318 No 7 St. Joseph			23c. DATE SIGNED 5-4-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Joseph, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG May 12, 1949		REGISTRAR'S SIGNATURE <i>G. B. Jenkins</i>		382		25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph, Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Barry

Signed.....
Student Embalmer

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.