

FILED JUN 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15256

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 118

23

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

1. PLACE OF DEATH a. COUNTY <i>County of Christian, Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>County of Christian Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Ozark Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Ozark Mo.</i>	
c. LENGTH OF STAY (In this place) <i>2 days</i>		d. STREET ADDRESS (If rural, give location) <i>Ozark Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hague Wood Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i>	b. (Middle) <i>S</i>	c. (Last) <i>Taylor</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 10 1949</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>w.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	8. DATE OF BIRTH <i>Nov. 15 1865</i>	9. AGE (In years last birthday) <i>83 years</i>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banker, farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Banker</i>	11. BIRTHPLACE (State or foreign country) <i>Christian County Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>George W. Taylor</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Jane Canard</i>	14. NAME OF HUSBAND OR WIFE <i>Julia Taylor Deceased</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Herbert Taylor, Ozark Mo.</i>	ADDRESS <i>Ozark Mo.</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>42 1/4</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Insufficiency</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic endocarditis with valvular lesions</i>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *1948*, 19 *49*, to *May 10, 1949*, that I last saw the deceased alive on *May 10, 1949*, and that death occurred at *6:30 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. R. Farthing M.D.</i>	23b. ADDRESS <i>Ozark Mo.</i>	23c. DATE SIGNED <i>May 17 49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>May 12 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hazelwood Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Springfield Mo.</i>
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DATE REC'D BY LOCAL REG. <i>June 1 1949</i>	REGISTRAR'S SIGNATURE <i>Lutella M. Leonard</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chubb</i>	ADDRESS <i>Ozark Mo.</i>
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RECEIVED

District Health Officer No. 6,

District File Number 649-665

Date Filed 6-13-49

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.

Student .....  
Student Embalmer

Signed

*T. B. Chaffin*

Licensed Embalmer No. 2192

P. O. Address Ozark 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.