

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18282**

BIRTH NO.		REG. DIST. NO. <b>324</b>	PRIMARY REG. DIST. NO. <b>6083</b>	Registrar's No. <b>98</b>
1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nelson, Mo.</b>		c. LENGTH OF STAY (In this place) <b>62 Yrs.</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nelson</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence-Nelson, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Main Street - No Number</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Noland</b> b. (Middle) <b>-</b> c. (Last) <b>Taylor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 20-1859</b>	9. AGE (In years last birthday) <b>90</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>16</b> IF UNDER 1 HR. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Miller Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Peter Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia Shipley</b>		14. NAME OF HUSBAND OR WIFE <b>Taylor Elizabeth M. Shouse</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Noland Taylor-Nelson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crowded occlusion</b>  ANTECEDENT CAUSES <b>Arterial Sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 <b>May 18, 1949</b> to <b>May 16, 1949</b> , that I last saw the deceased alive on <b>May 15, 1949</b> and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>[Address]</b>		23c. DATE SIGNED <b>5/17/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 19, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nelson Cemetery</b>
24d. LOCATION (City, town, or county) <b>Nelson - Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature]</b>		
DATE REC'D BY LOCAL REG. <b>May 17-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		38

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

97  
90

MAY 23 REC'D

RECEIVED

District Health Officer No. 8,

District File Number

Filed 5-25-49

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

*J. Leticia Swamy*

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.