

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20703

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR Farmington TOWN RURAL St. Francois		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR Rolla TOWN Rolla	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) Unknown	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle)	
c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) May 22, 1949	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Abt. 1889
9. AGE (In years last birthday) Abt. 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.		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) Broncho - pneumonia, terminal 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. Psychosis with cerebral arteriosclerosis.	
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) (Min.)		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 Nov. 9, 1948 to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 10:05 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John A. Breina M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo. 5-25-49	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24, 1949	
24c. NAME OF CEMETERY OR CREMATORY Rolla Cem.		24d. LOCATION (City, town, or county) (State) Rolla, Mo.	
DATE REC'D BY LOCAL REG. May 28, 1949		REGISTRAR'S SIGNATURE Esther Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Full and Sons Funeral Home, Rolla, Mo.		ADDRESS	

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

RECEIVED 6-27-49

District Health Officer No. 4

Dissect File Number 649-8

Date Filed.....

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 *D. B. M. [Signature]*.....

Licensed Embalmer No. *3391*.....

P. O. Address *Roller Way*.....

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. .