S. No. 300
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FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22228

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 121

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): 6 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami Township, Rural
d. STREET ADDRESS (If rural, give location): R.F.D. # 2 Miami, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): George Na
b. (Middle): Harvey
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): June 17-1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: June 30-1945
9. AGE (In years last birthday): 3 — If under 1 year: Months 11, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None-Child
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Moberly-Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George H. Taylor
13b. MOTHER'S MAIDEN NAME: Mildred M. Hunt
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: George H. Taylor-Miami, Missouri

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)

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accident Fracture Skull
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6/17/49 E910 22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Miami Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Miami Saline Mo 97
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 17 49 3 P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Slack Lumber fell on head crushed

22. *I hereby certify that I attended the deceased from* June 17, 1949, *to* June 18, 1949, *that I last saw the deceased alive on* June 17, 1949, *and that death occurred at* 4 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 6/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June-20-1949
24c. NAME OF CEMETERY OR CREMATORY: Harmony Cemetery
24d. LOCATION (City, town, or county) (State): North West of Sitler, Mo.

DATE REC'D BY LOCAL REG.: June 20-1949
REGISTRAR'S SIGNATURE: Sidney T Gray 38
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Leslie Sweeney-Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 27
District Health Officer No. 8,
District File Number
Date Filed 6-27-49

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. Leslie Sweeney
Licensed Embalmer No. 3235
P. O. Address Marshall, M

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.