

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22826

FILED AUG 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 2241 Registrar's No. 21

1. PLACE OF DEATH: a. COUNTY <u>CEGAR</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MADISON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles W. Fair Play</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>SIGAL</u> c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 20 1949</u>		
5. SEX <u>MDW</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 3, 1874</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CEGAR COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>DAVID TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>- FISHER</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA TAYLOR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Red Turner, Fair Play, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>	
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.		<u>Carcinoma stomach</u>		<u>4201 months</u>	
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) (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 2-27-48, 1948, to 6-27, 1949, that I last saw the deceased alive on 6-27-49, 1949, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>			23b. ADDRESS <u>Stodola Mo.</u>		
23c. DATE SIGNED <u>7-22-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALDER CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>CEGAR COUNTY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>7-27-1949</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		54 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John G. Cantlon, Stodola, Mo.</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

20

RECEIVED

District Health Officer No. 7,

District File Number 7-19-932

Date Filed 8-2-49

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.

Signed \_\_\_\_\_  
Student-Embalmer

Signed

*John A. Cantlon*

Licensed Embalmer No. 4387

P. O. Address Sturkton,

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.