

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29228

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5043</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u>		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garfield</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>B</u>				d. STREET ADDRESS (If rural, give location) <u>173</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ezra</u>		b. (Middle) <u>V.</u>		c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-22-1920</u>	
9. AGE (in years last birthday) <u>29</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wage Earner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Mill</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alma V. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Green</u>		14. NAME OF HUSBAND OR WIFE <u>Joan R. Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>553-26-3709</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma V. Taylor-Garfield, Arkansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck &amp; chest injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</u> DUE TO (c) <u>+</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>88334</u> <u>32</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/2 death of Seligman</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Seligman 5 Barry Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 9 1949-9P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>one car accident (Pans off Rindberg)</u>			
22. I hereby certify that I attended the deceased from <u>9-9</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>9-9</u> , 19 <u>49</u> , and that death occurred at <u>9 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul D. Herbert D. Coroner</u>				23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>9-12-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ruddick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph Miller Bea Ridge, Ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1949

RECEIVED OCT 4 1949  
District Health Office No. 6,  
District File Number 1049-1105  
Date Filed 10-12-49

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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 Paul H. Herbert.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4576.....

P. O. Address Cassville.....

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.