

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31282

Registrar's No. 92

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905

1. PLACE OF DEATH a. COUNTY <u>Temiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Temiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (<u>South of County Northern line</u>)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Zachary</u> b. (Middle) _____ c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>June 5, 1861</u>		9. AGE (In years last birthday) <u>88</u>		If UNDER 1 YEAR: Months <u>3</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Reuben Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Totten</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. W. Hobbs, Portageville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>			<u>1 week</u>
		DUE TO (c) <u>Diabetes Mellitus of types 1 & 2</u>			<u>3 or 4 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>260X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-5, 1949, to 9-11, 1949 that I last saw the deceased alive on 9-11, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Killian M.D.</u>		23b. ADDRESS <u>Portageville, Mo</u>		23c. DATE SIGNED <u>Sept. 14, 1949</u>	
---	--	---	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Highway 61 - New Madrid Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>9-24-49</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>406</u>		ADDRESS <u>Delisle Funeral Parlor - Portageville, Mo</u>	

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

78
D

9-49-258

SEP 23 RECD

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 *Joseph A. DeLisle*
Licensed Embalmer No. *44781*

P. O. Address *Portageville, 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.