

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33680**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 251	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. LENGTH OF STAY (in this place) 7 years		c. CITY (If outside corporate limits, write RURAL and give township) Windsor		4220	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 N. MAIN				d. STREET ADDRESS (If rural, give location) 600 N. Main			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Kaylor		4. DATE OF DEATH (Month) (Day) (Year) NOV 3 1949	
5. SEX fe	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 2, 1858		9. AGE (in years last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Mosier		13b. MOTHER'S MAIDEN NAME Harriett Cox		14. NAME OF HUSBAND OR WIFE R. James Kaylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME R. J. Kaylor ADDRESS Windsor Mo			
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) chronic myocarditis 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. 11-2-2				INTERVAL BETWEEN ONSET AND DEATH 9	
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) (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 8-30 , 19 49 , to 11-3 , 19 49 , that I last saw the deceased alive on Jan 11-49 , 19 49 and that death occurred at 11:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Ray B. Jordan (Degree or title) MD				23b. ADDRESS Windsor Mo		23c. DATE SIGNED 11-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11-6-49		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall Missouri	
DATE REC'D BY LOCAL REG. Nov. 6-49		REGISTRAR'S SIGNATURE Florence		FUND. DIRECTOR'S SIGNATURE Adair Huston-Jurney ADDRESS Windsor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 10-49-134
Date Filed 11-14-49

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 _____

William M. Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.