

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36948

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1053</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>0</u>			c. LENGTH OF STAY (in this place) <u>1 Day.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD</u> <u>0</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'REILLY VA HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u> <u>0</u> <u>✓</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Paul</u>		b. (Middle) <u>(NMN)</u>		c. (Last) <u>TAYLOR</u>		
4. DATE OF DEATH		(Month) <u>DECEMBER</u>		(Day) <u>1</u>		(Year) <u>1949</u>		
5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 15, 1924</u>		
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>BOWLING GREEN, MISSOURI</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>DORIS TAYLOR</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WW II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>UNKNOWN</u>		ADDRESS <u>VA HOSPITAL RECORDS SPRINGFIELD, MISSOURI</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns, 3rd degree, severe</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.				
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>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NORWOOD WRIGHT MISSOURI</u> <u>114</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>NOVEMBER 30 1949 7:45 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Electrically burned while working on power line.</u>				
22. I hereby certify that I attended the deceased from <u>November 30 1949</u> , to <u>December 1, 1949</u> . <del>that death occurred at 9:09 a.m., from the causes and on the date stated above.</del>								
23a. SIGNATURE <u>Paul L. Eisele M.D.</u> (Degree or title)				23b. ADDRESS <u>O'REILLY VA HOSPITAL SPRINGFIELD, MISSOURI</u>		23c. DATE SIGNED <u>Dec 1, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-1-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Stanley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Halden Hartsville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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114  
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39161  
16

DEF

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 Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address: Hartsville, 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.