

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37899

BIRTH NO. _____ REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 3040 Registrar's No. 193

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY LIVINGSTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lynn | |
| b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe | | c. CITY (If outside corporate limits, write RURAL and give township) Brookfield | |
| c. LENGTH OF STAY (In this place) 20 min. | | d. STREET ADDRESS (If rural, give location) 216 Madison St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital | | | |
| 3. NAME OF DECEASED a. (First) James b. (Middle) Henderson c. (Last) Taylor | | 4. DATE OF DEATH (Month) (Day) (Year) 10-12-1949 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May-15-1899 |
| 9. AGE (In years last birthday) 60 | | IF UNDER 1 YEAR Months 4 Days 27 | IF UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR. Engineer. | | 10b. KIND OF BUSINESS OR INDUSTRY marion Co. Ky. | |
| 11. BIRTHPLACE (State or foreign country) USA | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Robert M. Taylor | | 13b. MOTHER'S MAIDEN NAME Rose M. Taylor | |
| 14. NAME OF HUSBAND OR WIFE Gala Taylor | | | |
| 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. | |
| 17. INFORMANT'S SIGNATURE OR NAME Gala Taylor Brookfield Mo | | ADDRESS | |
| 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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) T Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X | |
| 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 1 pm Oct-12-1949, to 2 pm Oct-17-1949 , that I last saw the deceased alive on Oct-12, 1949 , and that death occurred at 2:15 p m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. D. Vandiver M.D. | | 23b. ADDRESS Chillicothe Mo | |
| 23c. DATE SIGNED 12 Oct 1949 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct-14-49 | |
| 24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | | 24d. LOCATION (City, town, or county) (State) Brookfield Mo | |
| DATE REC'D BY LOCAL REG. Oct-11-49 | | REGISTRAR'S SIGNATURE Frances O'Neill | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Brookfield Mo | | ADDRESS | |

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

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DEC 5 1946

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 J. H. Blacklock.....

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.