

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **375**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler <u>1128</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 Alice St.		d. STREET ADDRESS (If rural, give location) 815 Alice St.	

3. NAME OF DECEASED (Type or Print)	a. (First) MATILDA	b. (Middle) HALL	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1950
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5. SEX Fem. 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 2 Days 11	IF UNDER 24 HRS. Hours Min.
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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) Carroll Co., Miss. /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Sam Johnson	13b. MOTHER'S MAIDEN NAME Matilda Ward	14. NAME OF HUSBAND OR WIFE John Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Will Ward,	ADDRESS Poplar Bluff, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	ANTECEDENT CAUSES		DUE TO (b) Hypertensive Heart Disease
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		443.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **15 Jan 1950**, to **26 Jan 1950**, that I last saw the deceased alive on **26 Jan 1950**, and that death occurred at **5:34 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE W. A. Brookreson M.D. (Degree or title)	23b. ADDRESS 321 Oak St Poplar Bluff Mo	23c. DATE SIGNED 27 Jan 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/50	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. Feb 1 1950	REGISTRAR'S SIGNATURE Wm. A. Johnson <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL...	ADDRESS Poplar Bluff, Mo.
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Dr. A.F. Brookreson.
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EEB 6 - REG'D

150-68

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

FEB 9 1950

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff

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.