

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **495**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **386** PRIMARY REG. DIST. NO. **5-199** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural "Van Horn Twp"</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural "Van Horn Twp" - 0</b>		517
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 mi. N. E. of Carrollton</b>			d. STREET ADDRESS (If rural, give location) <b>8 mi. N. E. of Carrollton</b>		
3. NAME OF DECEASED (Type or Print) <b>BERTIE E TAYLOR</b> a. (First) <b>BERTIE</b> b. (Middle) <b>E</b> c. (Last) <b>TAYLOR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 13 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 23, 1883</b>	9. AGE (In years last birthday) <b>66</b>	10. UNDER 1 YEAR (Months) <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. (KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) <b>Carroll Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John P Metcalf</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Northcutt</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Taylor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm Taylor, Carrollton Mo</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mitral insufficiency</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>			<b>3 yrs.</b>		
DUE TO (c) <b>liposclerosis</b>			<b>5 yrs.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>40/10X</b>		
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)		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) m.		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 <b>Jan 1, 1946</b> to <b>Jan 13, 1950</b> that I last saw the deceased alive on <b>Jan 13, 1950</b> and that death occurred at <b>5:45 pm</b> , from the causes and on the date stated above.					
23a. SIGNATURE (In degrees or title) <b>R. Hamilton Stuten</b>		23b. ADDRESS <b>Carrollton Mo</b>		23c. DATE SIGNED <b>Jan 14 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-15-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 15 3:30</b>		REGISTRAR'S SIGNATURE <b>Ennice Street</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stanley Gibson, Carrollton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JAN 27

District Health Officer No. 8

District File Number.....

Date Filed 1-24-50

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 P Koch

Signed.....  
Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Carrollton, 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.