

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lowell
1598

State File No.

FILED FEB 14 1950

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 4

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u> <u>6510</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u> | | d. STREET ADDRESS (If rural, give location) <u>West 5th St</u> | |
| 3. NAME OF DECEASED a. (First) <u>ZACK</u> b. (Middle) <u>GILBERT</u> c. (Last) <u>TAYLOR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1950</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JAN 1 1890</u> |
| 9. AGE (In years last birthday) <u>60</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>varied</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>J. Taylor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Addie Remington</u> | 14. NAME OF HUSBAND OR WIFE <u>Rachel Taylor</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>496-10-5123</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rachel Taylor Holden Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyertension</u> 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 type="checkbox"/> | | 21. HOW DID INJURY OCCUR? | |
| 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 <u>Jan 28</u> , 1950, to <u>Jan 29</u> , 1950, that I last saw the deceased alive on <u>Jan 29</u> , 1950, and that death occurred at <u>6 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul Lowell M.D.</u> | | 23b. ADDRESS <u>Holden Mo.</u> | 23c. DATE SIGNED <u>1/31/50</u> |
| 24a. BURIAL, CREMATION REMOVAL (Specify) | 24b. DATE <u>1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Holden Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 2, 1950</u> | | REGISTRAR'S SIGNATURE <u>Mrs. L. V. Redford</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada's Topp</u> | | ADDRESS <u>Holden Mo.</u> | |

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

OCT 27 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 *M. J. Conroy*

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.