

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7292

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>2074</u>		Registrar's No. <u>17</u>					
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>							
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		10 6 2					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>803 Vernon St.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alfred</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Taylor</u>					
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>					
8. DATE OF BIRTH <u>11 June 1891</u>		9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry & Cleaners</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Missouri</u>					
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>William N. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>					
14. NAME OF HUSBAND OR WIFE <u>Mattie Taylor (Wife)</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. _____					
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mattie Taylor (Wife)</u>				ADDRESS <u>Sikeston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right Maxilla - Primary</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Mitosis to liver & brain</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1910X</u>			
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 <u>2 July, 1950</u> to <u>4 Feb, 1950</u> that I last saw the deceased alive on <u>27 Dec, 1949</u> , and that death occurred at <u>7:00 p.m.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>H. B. Shrigmonston M.D.</u> (Degree or title)				23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>6 Feb 50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb, 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moslem Sikeston City</u>		24d. LOCATION (City, town, or county) (State) <u>Sikeston, Scott, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>Feb 8-50</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Jay W. Hunter</u>		ADDRESS <u>Home, Sikeston, Mo</u>					

