

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12181

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>FIFTH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LESLEY</u> c. (Last) <u>TAYLOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 9, 1873</u>	9. AGE (In years last birthday) <u>76</u> Months <u>6</u> Days <u>24</u>	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) <u>ATTENDANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STATE HOSPITAL</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ISSAIC TAYLOR</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY M. KEMP</u>	14. NAME OF HUSBAND OR WIFE <u>MATTIE TAYLOR</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Riley Taylor, Marshall Mo.</u> ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral congestion, multiple fracture (left femur, tibia & fibula; at 2nd hospital)</u>		<u>since 3/30/50</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>trauma - (Struck by auto)</u> on <u>3/30/50</u>		<u>8 1/2 days</u>
DUE TO (c) <u>terminal hypostatic pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE MURDER</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H#54 - Callaway, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 30, 1950 4:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>walking on highway + was struck by a car</u>
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22. I hereby certify that I attended the deceased from 3/30, 1950, to 4/13, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Duest, M.D.</u>	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>4/13/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>APR 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLD PROVIDENCE</u>	24d. LOCATION (City or county) (State) <u>CALLAWAY MO.</u>
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DATE REC'D BY LOCAL REG. <u>April-8-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Frances Home</u> ADDRESS <u>Fulton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0142

District File Number
District Health Officer No. 9
RECEIVED
APR 10 1950

JAN 29 1963
APR 19 1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. H S S 7

P. O. Address Fulton, 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.