

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14140

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Polk			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Polk		
b. CITY (If outside corporate limits, write RURAL and give township) ALDRICH		c. LENGTH OF STAY in this place 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) ALDRICH		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) CAROLINE	b. (Middle) E.	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) APRIL 28, 1950
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH October 20, 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri U		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James M. Richeson		13b. MOTHER'S MAIDEN NAME Margaret Bennett		14. NAME OF HUSBAND OR WIFE Thomas J. Taylor	
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 ADDRESS Halps Taylor Aldrich Mo.			
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) Acute heart failure				INTERVAL BETWEEN ONSET AND DEATH 4222
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis				
	DUE TO (c) Tricuspid aneurysm				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic heart failure				
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) (Min.)	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 April 20, 1950 to 4-28, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Doyle C. McCreary MD			(Degree or title)	23b. ADDRESS Bolivar, Mo.	23c. DATE SIGNED 5-2-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-30-50	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Polk Co. Mo.	
DATE REC'D BY LOCAL REG. May 3, 1950	REGISTRAR'S SIGNATURE Ralph Jordan per Jewell Jordan	25. FUNERAL DIRECTOR'S SIGNATURE John H. ...	ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-8-50
District Health Officer No. _____
District File Number 4-50-4
Date Filed 5-8-50

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.

Student
Student Embalmer

Signed *Wm. R. Whit*

Licensed Embalmer No. *4005*

P. O. Address *Ch. Street*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.