

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15760

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW CAMBRIA</b>	
c. LENGTH OF STAY (in this place) <b>15 DAYS</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GRIM-SMITH MEMORIAL HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>ELLA</b> b. (Middle) <b>TAYLOR</b> c. (Last) <b>TAYLOR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 26 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>APRIL 7, 1898</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>19</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCERY CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	11. BIRTHPLACE (State or foreign country) <b>GRAND ISLAND, NEBRASKA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>HERMAN SHIPMAN</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA BOVEE</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Taylor</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. Mathes, New Cambria, MO</b>		ADDRESS <b>New Cambria, MO</b>
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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 <b>8-12 MO.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>METASTATIC CARCINOMA OF LUNGS</b>			?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MEDULLARY CARCINOMA OF STOMACH</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>151X</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) (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 **5-11 1950**, to **5-26 1950**, that I last saw the deceased alive on **5-26 1950**, and that death occurred at **9:25 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. Hudson M.D.</b> (Degree or title)	23b. ADDRESS <b>Kirkville Mo</b>	23c. DATE SIGNED <b>5-26-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>5-27-50</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>New Cambria, MO.</b>
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DATE REC'D BY LOCAL REG. <b>5-26-50</b>	REGISTRAR'S SIGNATURE <b>Hate Lambert 'o</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Randolph Davis, Kirkville</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED <sup>May 3 1959</sup>

District Health Officer No. 10

District File Number 5-50-895

Date Filed \_\_\_\_\_

**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, \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 9375

P. O. Address Kirkville, 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.