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FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17367

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION McLarney Hosp		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Kathleen b. (Middle) Laura Etta c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) April 29 50			
5. SEX fe	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar 12 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George W. Taylor	13b. MOTHER'S MAIDEN NAME Arabell Schrock	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME walter Taylor	ADDRESS Browning
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Rheumatic heart disease DUE TO (b) 20 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/6X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4/1**, 1950, to **4/29**, 1950; that I last saw the deceased alive on **4/29**, 1950, and that death occurred at **3** a m., from the causes and on the date stated above.

23a. SIGNATURE Kathleen Taylor (Degree or title) 0	23b. ADDRESS Browning Mo.	23c. DATE SIGNED 4/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 1 50	24c. NAME OF CEMETERY OR CREMATORY Jenkins	24d. LOCATION (City, town, or county) (State) Browning
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DATE REC'D BY LOCAL REG. 5-5-50	REGISTRAR'S SIGNATURE W. B. Erwin 167	25. FUNERAL DIRECTOR'S SIGNATURE Wade funeral home	ADDRESS Browning
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(Licensed Embalmer's Statement on Reverse Side)

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

