No. 300
10.48

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23146

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5351 Registrar's No. 38

300

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

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Celt Rural
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Celt Rural 0300
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Rosy b. (Middle) Emmer c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year): 6-8-1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-15-1896

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 1 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mo.

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: J M Pitman

13b. MOTHER'S MAIDEN NAME: ——

14. NAME OF HUSBAND OR WIFE: Howard Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Howard Taylor — ADDRESS: Celt 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4222

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1950, *to* June 8, 1950 *that I last saw the deceased alive on* June 8, 1950, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Bailey Do

23b. ADDRESS: Urbana Mo

23c. DATE SIGNED: June 26

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-11-1950

24c. NAME OF CEMETERY OR CREMATORY: A. B.

24d. LOCATION (City, town, or county) (State): Celt Mo

DATE REC'D BY LOCAL REG.: 7/16/50

REGISTRAR'S SIGNATURE: Mrs J. B. Jones 80

25. FUNERAL DIRECTOR'S SIGNATURE: L B Jones — ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUL 21 1950
Dist. File 750-853
Date Filed 7-21-50

Chronic nephritis
Chronic myocarditis

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 Morris B Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, Mo

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

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