

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29528

State File No. \_\_\_\_\_  
1120  
Registrar's No. \_\_\_\_\_

FILED OCT 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		State File No. _____		1120	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (In this place) <u>5 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1201 Edmond St.</u>				d. STREET ADDRESS (If rural, give location) <u>1201 Edmond</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>MAY</u> c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 2 1950</u>						
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u> (Specify)	8. DATE OF BIRTH <u>AUG. 2, 1888</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DOUGLAS CO. COLO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ORVILLE BROWN</u>			13b. MOTHER'S MAIDEN NAME <u>ROUSE</u>			14. NAME OF HUSBAND OR WIFE <u>GEORGE H. TAYLOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEORGE H. TAYLOR 1201 Edmond St. Joseph.</u>					
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) <u>CEREBRAL HEMORRHAGE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>  <u>UNKNOWN</u>  <u>UNKNOWN</u>		
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 <u>MAY</u> , 19 <u>49</u> , to <u>2 OCT</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>26 SEPT</u> , 19 <u>50</u> , and that death occurred at <u>3:00 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clement P. G. ...</u>				23b. ADDRESS <u>St. Joseph Mo</u>			23c. DATE SIGNED <u>10-2-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Oct 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James N. Pettijohn</u>		ADDRESS <u>Oregon Mo</u>			

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

JUL 11 1951

**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 James H. Pettigrew  
Licensed Embalmer No. 3192  
P. O. Address Oregon 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.