

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33427

BIRTH NO. _____

REG. DIST. NO. 5-4-23PRIMARY REG. DIST. NO. 108Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARKANSAS</u> b. COUNTY <u>CRAIGHEAD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bucoda</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Wake City</u>		OR TOWN <u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>Route # 3</u>	
3. NAME OF DECEASED a. (First) <u>James</u>		b. (Middle) <u>R.</u>	
c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>August 8th</u>
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Not stated</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Taylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Richie</u>		14. NAME OF HUSBAND OR WIFE _____	
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 <u>Stanford C. Taylor</u>		ADDRESS _____	
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) <u>Cancer of Stomach</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>	
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 <u>11-14</u> , 19 <u>49</u> , to <u>12-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>49</u> , and that death occurred at <u>12-30</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. B. English M.D.</u> (Degree or title)		23b. ADDRESS <u>Cardwell Mo.</u>	
23c. DATE SIGNED <u>1-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONETTE</u>	
24d. LOCATION (City, town, or county) (State) <u>MONETTE, ARKANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gregg Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>5-11-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. N. Lanier</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Gregg Funeral Home Jonesboro Ark.</u>		(Forward Embalmer's Statement on Reverse Side)	

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

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.

Signed *David A. Phillips*

Signed.....

Student Embalmer

Licensed Embalmer No. *5221 (Ar)*

P. O. Address *Janesboro, Ark*

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

If this body is not embalmed.....