No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33320

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 22

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

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Colfax Township)
c. LENGTH OF STAY (in this place): 4 hrs.
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: Colorado
b. COUNTY: Garfield
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenwood Springs 8050
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): Sept 26 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 18 1878
9. AGE (In years last birthday): 72 — 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): Track Walker
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Harrison County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Issac Taylor
13b. MOTHER'S MAIDEN NAME: Mary E. Coats
14. NAME OF HUSBAND OR WIFE: Inez Taylor, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Not known
17. INFORMANT'S SIGNATURE OR NAME: Ella Wilcoxson, Lamoni Ia — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid 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.

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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* 9-26, 1950, *to* Patient expired 30 min prior to my examination, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. W. Swanson MD
23b. ADDRESS: Lamoni Iowa
23c. DATE SIGNED: 10-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 29/50
24c. NAME OF CEMETERY OR CREMATORY: Mt Pleasant
24d. LOCATION (City, town, or county) (State): Harrison County, Mo

DATE REC'D BY LOCAL REG.: Nov. 1-1950
REGISTRAR'S SIGNATURE: S. Pha Shaw 117, Camsville, Mo
25. FUNERAL DIRECTOR'S SIGNATURE: Wm A March — ADDRESS: Lamoni Ia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 13 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 myself, ~~Student Embalmer No.~~ ....., working under my personal supervision.

Signed W. A. Marsh

Signed .....
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lamoni Ia

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.