

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40406
Registrar's No. 2005

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>34 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oklahoma City</u> <u>8350</u>	
		d. STREET ADDRESS (If rural, give location) <u>604 N. W. 33</u> <u>8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>		b. (Middle) <u>Robert</u>	
		c. (Last) <u>Taylor</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1887</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>New York City, New York</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Taylor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Span. American</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records, Springfield, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis, with uremia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Prostatitis, chronic, with urethral obstruction</u>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Pulmonary tuberculosis, chronic, far advanced, bilateral, active.</u>	
19a. DATE OF OPERATION <u>July, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Supra pubic cystostomy for urethral obstruction</u>	
20. AUTOPSY <u>pk</u> 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) m.	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>November 7, 1950</u> , to <u>December 11, 1950</u> , and that death occurred at <u>3:53 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. L. EISELE M.D.</u> CHIEF (Degree or title)		23b. ADDRESS <u>VA HOSPITAL, SPRINGFIELD, MO.</u>	
		23c. DATE SIGNED <u>12-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Oklahoma City Oklahoma</u>
DATE REC'D BY LOCAL REG. <u>12/12/50</u>	REGISTRAR'S SIGNATURE <u>W. E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u>	

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

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APR 24 1958

JUL 29 1958

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 _____
working under my personal supervision. Student Embalmer No.

Signed..... Bernard F. Wright
Student Embalmer Licensed Embalmer No. 4293

P. O. Address Springfield,

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.