

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8191
Registrar's No. 27

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5480

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Route #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Route # 1	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) Trenton, Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trenton, Route # 1			

3. NAME OF DECEASED (Type or Print) a. (First) Wirt b. (Middle) Manual c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) February 8, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1869	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 81 Days 6 IF UNDER 24 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Claytown, West Virginia	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Elis Taylor		13b. MOTHER'S MAIDEN NAME Elizabeth Tripplett		14. NAME OF HUSBAND OR WIFE Annie Coy Taylor	
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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. None		17. INFORMANT'S SIGNATURE OR NAME Thomas M. Taylor ADDRESS Trenton R # 1, Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 1, 1950 to Feb 8, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Trenton Mo		23c. DATE SIGNED 2/8/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/9/51		24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Missouri	
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DATE REC'D BY LOCAL REG. 2/9/51		REGISTRAR'S SIGNATURE Jane Jew		25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Ligon ADDRESS Trenton, Missouri	
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(Licensed 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles D. Sizson*

Signed.....
Student Embalmer

Licensed Embalmer No..... 3109

P. O. Address Trenton, Missouri

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, fact should be so stated above.