

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13471

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 50

780  
1

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

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Steele</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Steele</b>	
c. LENGTH OF STAY (in this place) <b>26 yrs</b>		1980	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Steecher</b> c. (Last) <b>Taylor</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-4-51</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>2-19-1885</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR: Months <b>1</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>McCrays Ark</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Wes Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Amie Taylor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-10-3439</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr Jackie Bohé</b>	
				ADDRESS <b>Steele Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA LARYNX</b>		DUE TO (b)			<b>1 yr</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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)	
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? <b>161 X</b>	

22. I hereby certify that I attended the deceased from **3 MAR, 1951**, to **3 APR, 1951**, that I last saw the deceased alive on **3 APR, 1951**, and that death occurred at **8:15 A M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. L. Taylor, MD</b>		(Degree or title)		23b. ADDRESS <b>P.O. Box EE, Steele, Mo.</b>	
23c. DATE SIGNED <b>4 Apr 51</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-5-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	
24d. LOCATION (City, town, or county) <b>Steele</b>		24e. (State) <b>Mo</b>			
DATE REC'D BY LOCAL REG. <b>4-13-51</b>		REGISTRAR'S SIGNATURE <b>S. A. Dickinson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gerron Mott Co</b>	
				ADDRESS <b>Steele Mo</b>	

4-51-110

APR 23 1951

S. B. [unclear], M. D.,  
Panicot County Health Department,  
Caruthersville, Missouri

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.....  
Student Embalmer

Signed John St German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.