

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 22 1951 STANDARD CERTIFICATE OF DEATH

500
4

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waldron</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waldron Rural</u>		TOWN <u>500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. S. of Foston on Hg #61</u>			
3. NAME OF DECEASED a. (First) <u>MAMIE</u>			b. (Middle) <u>Z</u>		c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 28 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 8 1903</u>		9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leon Felty</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Carol</u>		14. NAME OF HUSBAND OR WIFE <u>James Emmet Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Heligtag Imperial Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u>				INTERVAL BETWEEN ONSET AND DEATH <u>? 18 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause, (a) stating the underlying cause last. 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 <u>171X</u>				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) _____		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>April 28, 1951</u> , to <u>April 28, 1951</u> , that I last saw the deceased alive on <u>April 28, 1951</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas A. Donnell</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>4-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 1 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-2-51</u>		REGISTRAR'S SIGNATURE <u>Richard M. Mason</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heligtag Funeral Home Imperial Mo.</u>			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 5-17-51

MAY 22 1951

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.

Student
Student Embalmer

Signed _____

Samuel B. Dietrich

Licensed Embalmer No. _____

4104

P. O. Address _____

Idaho 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.