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FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22559

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5349 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jasper
c. LENGTH OF STAY (In this place):
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: MO
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jasper 0300
d. STREET ADDRESS (If rural, give location): Buffalo, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Rush b. (Middle) James c. (Last) Taylor
4. DATE OF DEATH (Month) (Day) (Year): 7 - 6 - 1951
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: May 7-1878
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 1 Days: 29 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Trenton, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lena Leota Taylor
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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Rosa Peterson ADDRESS: Buffalo, Mo.

MEDICAL CERTIFICATION

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) Cerebrael hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential hypertension — three years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. chronic nephritis — three years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
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* May 15, 1951, *to* July 3, 1951, *that I last saw the deceased alive on* July 3, 1951, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): D.O.
23b. ADDRESS: Buffalo, Missouri
23c. DATE SIGNED: 7-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 7-
24c. NAME OF CEMETERY OR CREMATORY: Lone Rock
24d. LOCATION (City, town, or county) (State): Dallas Co. Mo.

DATE REC'D BY LOCAL REG.: 7/14/51
REGISTRAR'S SIGNATURE: Mrs. J. B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Montgomery-Vaughan ADDRESS: Buffalo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO
District No. 5 - Springfield
RECEIVED JUL 18 1951
Dist. File: 25-1-1363
Date Filed 7-18-51

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 Clyde Montgomery

Signed.....
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.