

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24052

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5970 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Pack</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>	
b. CITY OR TOWN <u>Summegan, Cligish Twp</u>		c. CITY OR TOWN <u>Summegan, Cligish Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. S.W. of Cligish</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 S.W. of Cligish</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Omer</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1951</u>		
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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>July 28 1908</u>	9. AGE (In years last birthday) <u>42</u>	<u>11</u> Months <u>17</u> Days	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pack County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bert R. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Coral Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred Taylor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>497-26-3344</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Winifred Taylor</u>	ADDRESS <u>Summegan</u>
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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) <u>Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on July 15, 1951, and that death occurred at 8:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Robison</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Hemmonsville, Mo.</u>	23c. DATE SIGNED <u>7/20/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cligish, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest S. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

840

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

AUG 7

1951

Dist. File

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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 Chas Jester
Licensed Embalmer No. 4154
P. O. Address Polina, 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.