

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29239

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4494		Registrar's No. 133		
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell				
b. CITY OR TOWN Minona, Mo		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY OR TOWN West Plains 0461				
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS (If rural, give location) 1				
3. NAME OF DECEASED (Type or Print) a. (First) Attie b. (Middle) Taylor c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) 6-18-51					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	8. DATE OF BIRTH 3-21-		9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months 0	11. UNDER 24 HRS. Day Hours 27 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Oregon Co Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J. J. Falley			13b. MOTHER'S MAIDEN NAME Ida Hudson		14. NAME OF HUSBAND OR WIFE Robt Taylor			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Nora Elliott, Minona Mo				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X					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 May 4 1951, to 6-18 1951, that I last saw the deceased alive on 6-9 1951, and that death occurred at 11:10 m., from the causes and on the date stated above.								
23a. SIGNATURE C. E. Sharp (Degree or title) DO				23b. ADDRESS Minona Mo		23c. DATE SIGNED 7-9-51		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-20-51	24c. NAME OF CEMETERY OR CREMATORY Jolly		24d. LOCATION (City, town, or county) (State) Lever Mo			
DATE REC'D BY LOCAL REG. 9-1-51		REGISTRAR'S SIGNATURE Mabel Green 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertson West Plains Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED AUG 27 1951

Dist. File _____

Date Filed _____

1951
AUG 27

*Preparatory Embalmer
Baltimore, Md.*

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
12 21-0

Signed *J. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address: *West Haven*

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.