

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30739

State File No. _____

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 81

0560

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Lewis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle | c. LENGTH OF STAY (In this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaBelle 0560 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|---|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Mollie | b. (Middle) Lee | c. (Last) Taylor | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1951 |
|---|------------------------|-------------------------|--|

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|----------------------|-------------------------------|--|--|---|---|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 19, 1868 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 6 Days 26 | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|--|---|---|--|

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|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Memphis Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|-----------------------------------|--|---|

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|---|---|---|
| 13a. FATHER'S NAME Manual Frary | 13b. MOTHER'S MAIDEN NAME Nancy J. Pierce | 14. NAME OF HUSBAND OR WIFE John Samuel Taylor Dec. |
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|---|-------------------------|--|---------------------------------|
| 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 Miss Cora Taylor | ADDRESS La Belle, Mo. |
|---|-------------------------|--|---------------------------------|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of the heart | | |
| | 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. Arteriosclerosis | | 331X | |

| | | |
|------------------------|----------------------------------|---|
| 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) LaBelle, Missouri |
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| | | |
|--|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from **Sept 5, 1951**, to **Sept 15, 1951**, that I last saw the deceased alive on **9-15, 1951**, and that death occurred at **11:30** m., from the causes and on the date stated above.

| | | | |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE W. W. Webster | (Degree or title) | 23b. ADDRESS 202 LaBelle, Missouri | 23c. DATE SIGNED 9-17-51 |
|--|-------------------|--|------------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/17/51 | 24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery | 24d. LOCATION (City, town, or county) (State) La Belle, Missouri |
|--|-----------------------------|--|--|

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|--|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. 10-9-51 | REGISTRAR'S SIGNATURE P. H. Jennings | 25. FUNERAL DIRECTOR'S SIGNATURE W. W. Webster | ADDRESS La Belle, Mo. |
|--|--|--|---------------------------------|

Date Received: **OCT 1 1 1951**

DISTRICT HEALTH OFFICE #2

District File Number 10-57-1818

Date Filed: **OCT 1 1 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 Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: [Signature]
Licensed Embalmer No. 4328
P. O. Address: Liberty, 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.