

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36459

FILED DEC 10 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1227

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117	
c. LENGTH OF STAY (in this place) 29 days		d. STREET ADDRESS (If rural, give location) 1120 Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methu. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) A nna	b. (Middle) Lee	c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year) November 29, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH August 12, 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 2 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Platte County, Missouri		12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME James Drais	13b. MOTHER'S MAIDEN NAME Chana Richardson	14. NAME OF HUSBAND OR WIFE Holley Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. James Drais	ADDRESS 2719 Fairleigh Terrace St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Intra-aortic fracture of femur - left		INTERVAL BETWEEN ONSET AND DEATH 10-31-51
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis general DUE TO (c) senile psychosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia Pneumonia hypostatic		
19a. DATE OF OPERATION 131	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-31-51 7:15p m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Fell down after arising from chair.

22. I hereby certify that I attended the deceased from 10-31, 1951, to 11-29, 1951, that I last saw the deceased alive on 11-29, 1951, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE H.P. Senon	(Degree or title) M.D.	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 11-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/1/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Dec 4, 1951	REGISTRAR'S SIGNATURE Carl C. Casag	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1170

5675

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 _____

Regina Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So. St. Joseph*

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.