S. No. 300
v. 10.46

FILED DEC 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36461

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1239

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Denver 1130
d. STREET ADDRESS (If rural, give location): ---- /

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar b. (Middle): c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): November 29, 1951.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: March 22, 1869
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Ret. Farmer
11. BIRTHPLACE (State or foreign country): Worth County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter Taylor
13b. MOTHER'S MAIDEN NAME: Unknown Drummins
14. NAME OF HUSBAND OR WIFE: Julia Alice 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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Francis H. Taylor Denver, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: Mar 51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of pancreas
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 157X
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* 11/28, 1951, *to* 11/28, 1951, *that I last saw the deceased alive on* 11-29, 1951, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0 MD
23b. ADDRESS: 902 Edmond St
23c. DATE SIGNED: 11/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: Nov. 30, 1951.
24c. NAME OF CEMETERY OR CREMATORY: Bram Funeral Home.
24d. LOCATION (City, town, or county) (State): Denver, Missouri.

DATE REC'D BY LOCAL REG.: Dec 6, 1951
REGISTRAR'S SIGNATURE: Carl C. Castle 44/8
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Walter Meinhoffer St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 6258 Missouri

P. O. Address St. Joseph, Missouri.

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.