

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36865

State File No.

FILED DEC 6 1957

BIRTH NO.

REG. DIST. NO. 108

PRIMARY REG. DIST. NO. 2423

Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Monroe</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smith MO</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Smith MO</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>			d. STREET ADDRESS (If rural, give location) <u>Route 1 0350</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherman</u> b. (Middle) <u>William</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-29 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 20 1870</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Portsmouth Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am</u>
13a. FATHER'S NAME <u>James Elijah Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Feriline Cagle</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Taylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TD McClean Smith MO</u>		
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) (Min.)		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 <u>1850</u> , to <u>10-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>57</u> , and that death occurred at <u>3:10 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D J Murphy</u> (Degree or title)			23b. ADDRESS <u>Smith MO</u>		23c. DATE SIGNED <u>10-29-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/31/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. Green</u>	24d. LOCATION (City, town, or county) (State) <u>Smith MO</u>		
DATE REC'D BY LOCAL REG. <u>Nov 12-57</u>	REGISTRAR'S SIGNATURE <u>Mrs J H Leland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Fenwick Smith, Mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-19-51
COUNTY FILE NUMBER ..151-317...

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.....

Edwin L. Avron

Signed.....
Student Embalmer

Licensed Embalmer No. *4840*

P. O. Address *Senath, 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.