

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40778

State File No.

No. 300
10.48

REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1265

BIRTH NO. 17 1951
PLACE OF BIRTH

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 town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 3 Yrs.		d. STREET ADDRESS (If rural, give location) 2627 Buehler Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Estelle b. (Middle) Pearl c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) December 9, 1951.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 2, 1898	9. AGE (In years last birthday) 53	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Dodge, Nebraska.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Lewis		13b. MOTHER'S MAIDEN NAME Minnie Brown		14. NAME OF HUSBAND OR WIFE Willis R. Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Willis R. Taylor St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arterioid Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 8, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 5:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis R. Taylor M.D.	23b. ADDRESS Richwood Bldg. St. Joseph, Mo.	23c. DATE SIGNED 12-11-51
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE Dec. 11, 1951.	24c. NAME OF CEMETERY OR CREMATORY Wyuka Cemetery
24d. LOCATION (City, town, or county) (State) Lincoln, Nebraska		

DATE REC'D BY LOCAL REG. Dec. 14, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	446	25. GENERAL DIRECTOR'S SIGNATURE Walter Reichhoff	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Raymond B. Brocheag

Signed.....** * **** * *****
Student Embalmer

Licensed Embalmer No.4413 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.