

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15924

State File No.

FILED MAY 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>52295</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY OR TOWN <u>Rural - Concord</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>0250</u> OR TOWN <u>Rural Concord 0</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # Plattsburg, MO</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # Plattsburg MO</u>								
3. NAME OF DECEASED (Type or Print) <u>Audrey MAY TAYLOR</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>MAY 13 1952</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec 27 1909</u>		9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None Hepper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRANK GANNAWAY</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Wormsley</u>		14. NAME OF HUSBAND OR WIFE <u>Lester Taylor</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Taylor</u> ADDRESS <u>Plattsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>18 mo</u>		
19a. DATE OF OPERATION <u>May 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u> <u>174X</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) (Minute)		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>May 1951</u> to <u>May 13, 1952</u> that I last saw the deceased alive on <u>May 12, 1952</u> and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Mrs. Spalding</u> (Degree or title)				23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>May 14 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>15-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lindley Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co. MO.</u>		
DATE REC'D BY LOCAL REG. <u>May 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Searce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

250
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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 Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.