

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20988

State File No.

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 84

1. PLACE OF DEATH
 a. COUNTY Johnson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg
 c. LENGTH OF STAY (in this place) 20 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 700 W. Mill St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Johnson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, MO 6512
 d. STREET ADDRESS (If rural, give location) 700 W. Mill Street

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Everett c. (Last) Taylor
 4. DATE OF DEATH (Month) (Day) (Year) June 23rd 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 19, 1918 9. AGE (In years last birthday) 34 IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe line worker 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Butte, Montana 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edgar Allen Taylor 13b. MOTHER'S MAIDEN NAME Stella Crabtree 14. NAME OF HUSBAND OR WIFE Audrey Jean Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II 16. SOCIAL SECURITY NO. 494-16-9991 17. INFORMANT'S SIGNATURE OR NAME Mr. Audrey Taylor, Warrensburg, Mo. ADDRESS _____

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.
 I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot
 ANTECEDENT CAUSES (b) wound in right temple
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) E976X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on June 24, 1952, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. - Coroner Johnson Co 23b. ADDRESS _____ 23c. DATE SIGNED 6/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-27-1952 24c. NAME OF CEMETERY OR CREMATORY Mineral Creek 24d. LOCATION (City, town, or county) (State) Luton Mo.

DATE REC'D BY LOCAL REG. June 24, 1952 REGISTRAR'S SIGNATURE Savannah Anttila 147 25. FUNERAL DIRECTOR'S SIGNATURE W. Brauning ADDRESS _____

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

512
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SEP 1 1952

RECEIVED
JUL 1 1952
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 me

working under my personal supervision.

Student Embalmer No.....

Signed R. M. Brauning

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.