

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26397

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6322**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY DeSoto	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) ADA	b. (Middle) NMN	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) 6 29 52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 23, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) De soto, Illinois /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Brown	13b. MOTHER'S MAIDEN NAME Elizabeth Chandler	14. NAME OF HUSBAND OR WIFE Leslie M. Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ms Elsie Fred	ADDRESS De Soto, Ill.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uncontrolled bleeding due to gastro-esophageal ulcer.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6/6 Revision of esophageal anastomosis and 6/20 thorocotomy for upper G. I. bleeding	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 5391

22. I hereby certify that I attended the deceased from **May 8, 1952**, to **June 29, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **2:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F.R. Bradley M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 6/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1952	24c. NAME OF CEMETERY OR CREMATORY De Soto City	24d. LOCATION (City, town, or county) (State) De Soto, Ill.
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DATE REC'D BY LOCAL REG. JUL 2 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Carbondale F. Home	ADDRESS Carbondale, Ill.
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WRITE PLAINLY—USING UNFADING 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 _____

Joe F. Van Natta

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Joe F. Van Natta

Licensed Embalmer No. 2897

P. O. Address Carbondale, Illinois

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.