

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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28775
State File No.
BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra
c. LENGTH OF STAY (In this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 925 Spring Street

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Palmyra 0648
d. STREET ADDRESS (If rural, give location) 925 Spring Street 0

3. NAME OF DECEASED
a. (First) Edward b. (Middle) Thomas c. (Last) Taylor
4. DATE OF DEATH (Month) (Day) (Year) Aug. 9 1952

5. SEX Male 2 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 30 Sept. 1871
9. AGE (In years last birthday) 80 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) Retired Minister 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Taylor 13b. MOTHER'S MAIDEN NAME Clara Anderson 14. NAME OF HUSBAND OR WIFE Ann Belle Irving

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl French, Palmyra, 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) Bronchial pneumonia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis, advanced
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 4500

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 Aug 7, 1952, to Aug 9, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 10:00am, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS Palmyra Mo 23c. DATE SIGNED 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11 Aug. 1952 24c. NAME OF CEMETERY OR CREMATORY Palmyra Cemetery 24d. LOCATION (City, town, or county) (State) Palmyra Missouri

DATE REC'D BY LOCAL REG. 8/12/52 REGISTRAR'S SIGNATURE E. M. Duke 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis Bros, Palmyra, Mo

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

SEP 3 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED SEP 3 1952

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 *George M. Lewis*

Signed.....
Student Embalmer

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.