

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35504

State File No. ....

Registrar's No. 13

**FILED** NOV 12 1952

BIRTH NO. .... REG. DIST. NO. 165

PRIMARY REG. DIST. NO. 5611

1. PLACE OF DEATH  
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Poast Oak c. LENGTH OF STAY (in this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Poast Oak 0510  
0

d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD 5 Warrensburg Mo.

d. STREET ADDRESS (If rural, give location) RFD 5 Warrensburg Mo.

3. NAME OF DECEASED  
a. (First) James b. (Middle) Edward c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH APRIL 13 1874  
April 29 1952

9. AGE (In years last birthday) 78

# UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Johnson Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME James Taylor

13b. MOTHER'S MAIDEN NAME Josephine Cecil

14. NAME OF HUSBAND OR WIFE Etta Ann Taylor

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etta Ann Taylor Warrensburg Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH 1 yr. 8 Mo.

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertensive Cardio

1 yr. 8 Mo

DUE TO (c) renal disease

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 442X

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Feb 3, 1951, to Oct. 21, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Warrensburg Mo.

23c. DATE SIGNED 10-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 22 52

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill

24d. LOCATION (City, town, or county) (State) Warrensburg Mo.

DATE REC'D BY LOCAL REG. 10-28-1952

REGISTRAR'S SIGNATURE Mamie O. Hooper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.

VERTICALLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0510

12/1/52

RECEIVED  
NOV 5 - 1952  
JOHNSON COUNTY HEALTH DEPT

NOV 12 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 R. Q. Phillips

Signed.....  
Student Embalmer

Licensed Embalmer No. 2320

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri.

State File No. \_\_\_\_\_

County of Johnson.

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 13.

On this 20 day of Nov., 19452 before me appears \_\_\_\_\_

Earl Priest, who, upon his oath, states that the original record of <sup>b~~is~~</sup> death

for James Edward Taylor, died ~~on~~ Oct. 21, 1952, 19\_\_\_\_, in the State of

Missouri, and which was filed at Chilhowee, Mo on Nov. 12, 1952, should be corrected as follows:

Item No. 8 should read April 19, 1874.

Instead of April. 29, 1952

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Earl Priest none  
Relationship.

Warrensburg, MO.

Present Address.

Subscribed and sworn to before me this 20, \_\_\_\_\_ day of Nov., 19452.

My Commission expires Nov. 4, 1953

P. Q. Phillips, Notary Public.

Affidavits containing erasures will not be accepted. Draw one line through error and write above it.

S-35504 1952

