No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39367

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 239

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McLarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Parson Creek Twp. 0580
d. STREET ADDRESS (If rural, give location): 3 1/2 miles South of Meadville

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Christie
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): November 24, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 8, 1892
9. AGE (In years last birthday): 60 — 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): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Linn County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William F. Robbins
13b. MOTHER'S MAIDEN NAME: Alice Bargar
14. NAME OF HUSBAND OR WIFE: Glenn 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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Glenn Taylor; Meadville, Missouri

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, asthenia, 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)	Bilateral Pleural effusion	3 wks.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Metastic Carcinoma of lungs	2 mo.
DUE TO (c)	Epidermoid Carcinoma of vulva	5 years
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: —
176X
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?:

22. *I hereby certify that I attended the deceased from* 11/24, 1949, *to* 11/24, 1952, *that I last saw the deceased alive on* Nov. 24, 1952, *and that death occurred at* 12:16 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. W. Bihrsack, M.D.
23b. ADDRESS: 2 Linn, Brookfield Mo
23c. DATE SIGNED: 11/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-26-'52
24c. NAME OF CEMETERY OR CREMATORY: Meadville
24d. LOCATION (City, town, or county) (State): Meadville, Missouri

DATE REC'D BY LOCAL REG.: 11-25-52
REGISTRAR'S SIGNATURE: Nadine Stambach, Dep. 167-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Norman Funeral Home; Chillicothe, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1954

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.