

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1873  
 State File No. \_\_\_\_\_  
 Registrar's No. 26

|   |                    |  |  |  |  |
|---|--------------------|--|--|--|--|
| BIRTH NO. _____   |                    | REG. DIST. NO. 156   |  | PRIMARY REG. DIST. NO. 2001  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JASPER   |                    |  | 2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission)<br>a. STATE MISSOURI b. COUNTY JASPER  |  |  |
| b. CITY OR TOWN JOPLIN  |                    | c. LENGTH OF STAY (in this place) FEW MIN.   | c. CITY OR TOWN JOPLIN   |  | 0495   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2922 PENNSYLVANIA   |                    |  | d. STREET ADDRESS (If rural, give location) 1614 1/2 VIRGINIA  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) ALBRO   |                    | b. (Middle) LEE  |  | c. (Last) TAYLOR   |  |
| 4. DATE OF DEATH  |                    | (Month) 15   |  | (Day) 53   |  |
| 5. SEX M  | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED   | 8. DATE OF BIRTH 6-23-1890   |  | 9. AGE (In years last birthday) 62                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER; TAYLOR BEDDING COMPANY   |                    | 10b. KIND OF BUSINESS OR INDUSTRY BEDDING COMPANY  |  | 11. BIRTHPLACE (State or foreign country) WALKER MO.                             |  |
| 12. CITIZEN OF WHAT COUNTRY? USA  |                    |  | 13a. FATHER'S NAME JOSEPH TAYLOR   |  |  |
| 13b. MOTHER'S MAIDEN NAME VIRGINIA HILL   |                    |  | 14. NAME OF HUSBAND OR WIFE MARGARET TAYLOR  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK  |                    | 16. SOCIAL SECURITY NO. UNK  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET TAYLOR 1614 1/2 VA. JOPLIN MO |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Myocarditis<br><br>INTERVAL BETWEEN ONSET AND DEATH 1 yr.<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
| 19a. DATE OF OPERATION  |                    | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                    | 21b. PLACE OF INJURY (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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from July, 1953, to Dec. 29, 1952, that I last saw the deceased alive on Dec. 29, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above. |                    |  |  |  |  |
| 23a. SIGNATURE (Type or Print) Roy D. Meko  |                    |  | 23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.   |  | 23c. DATE SIGNED 1-16-53                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL   |                    | 24b. DATE 1-18-53  | 24c. NAME OF CEMETERY OR CREMATORY HILLCREST   |  | 24d. LOCATION (City, town, or county) (State) GALENA KANS. |
| DATE REC'D BY LOCAL REG. 1-17-53  |                    | REGISTRAR'S SIGNATURE (Type or Print) J. B. James 138  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S.E. STEVE PARKER MORTUARY JOPLIN MO.   |  |

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

1495  
3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-19-53  
Jasper County Health Office

County File Number 53/1/69

Date Filed 1-20-53

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 F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2219

P. O. Address Gipkin 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.