

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8782

BIRTH NO. 13419
FILED APR 14 1953
REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>5 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Providence</u> <u>0100</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debrah</u> b. (Middle) <u>Jean</u> c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>April 4 - 53</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wloyd Reed Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Kathleen Stephens</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Baby NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Charlotte Taylor - Mc Baine RR.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>normal</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>premature labor = 29 weeks gestation, prematurity</u>	
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 (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<u>7625</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <u>4 April</u> , 19 <u>53</u> , to <u>4 April</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 April</u> , 19 <u>53</u> , and that death occurred at <u>10P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles O. Reek M.D.</u>		23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>4/5/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 6 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>
DATE REC'D BY LOCAL REG. <u>April 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willet Funeral Home Boonville Colum</u>	

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 ^{Wet}embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.