

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12401

State File No.
Registrar's No. **2213**

FILED MAR 18 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Cuba	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) 0280	

3. NAME OF DECEASED (Type or Print) a. (First) Jefferson b. (Middle) D. c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1858	9. AGE (In years last birthday) 95	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) Govt. Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Cuba, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Taylor		13b. MOTHER'S MAIDEN NAME Cyrena Pinnell		14. NAME OF HUSBAND OR WIFE Molly Isgrigg	
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 Mrs. J. D. Taylor, Cuba, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis			24 hrs.
		ANTECEDENT CAUSES			
		DUE TO (b) Secondary Anemia DUE TO (c) Senile Dementia			?
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					48 hrs.

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)		
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? 304X		

22. I hereby certify that I attended the deceased from **Jan. 15, 1953**, to **Feb. 24, 1953**, that I last saw the deceased alive on **Feb. 24, 1953**, and that death occurred at **9:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. McEwan M.D.		23b. ADDRESS 4356 Warne Avenue (7)		23c. DATE SIGNED 2-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-26-53		24c. NAME OF CEMETERY OR CREMATORY Kindred Cemetery	
		24d. LOCATION (City, town, or county) (State) Cuba, Missouri			

DATE REC'D BY LOCAL REG. FEB 26 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
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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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.