

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13471

State File No.
Registrar's No. 160

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>114</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>18 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>901 State Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Callaway Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roland</u>	b. (Middle) <u>Walker</u>	c. (Last) <u>Taylor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 25/53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan. 11, 1934</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Highway Dept</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamsburg Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lester C. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Martin</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-36-7082</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester C. Taylor</u>	ADDRESS <u>Fulton Mo.</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u>		<u>25 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fx Skull</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Hemorrhage</u>		<u>25 min</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>014</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>Highway Accident</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cleveland Twp. Callaway Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>April 25/53 8:30 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Collision on highway 40</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 A. on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles L. Jones, M.D. coroner</u>	23b. ADDRESS <u>Callaway County Missouri</u>	23c. DATE SIGNED <u>4/25/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr 30-1953</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Fernald</u>	ADDRESS <u>Home Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1932

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 *Sam A. Stewart*

Licensed Embalmer No. *3772*

P. O. Address *Fullon St.*

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.