

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13970

State File No. _____

FILED MAY 4 1953

Registrar's No. 49

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		REGISTRAR'S NO. 49		
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard				
b. CITY (If outside corporate limits, write RURAL and give town) Fayette		c. LENGTH OF STAY (If in this place) 5 wks		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Richmond Twp. 1450				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee hospital				d. STREET ADDRESS (If rural, give location) R. R. #3 0				
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Archer		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 31, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (City and State or Foreign Country) Henderson, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James Taylor			13b. MOTHER'S MAIDEN NAME Mary Keyser		14. NAME OF HUSBAND OR WIFE Nancy Ellen Owens			
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 Henry Vernon Taylor Macedonia, Ia				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerotic ht disease</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Benzoy prostatic hypertrophy 3 yrs.</i>					INTERVAL BETWEEN ONSET AND DEATH 1 mo	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>4200</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>natural</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other public way) <i>Fayette</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Howard Mo</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		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 <i>July 1951</i> to <i>4-27, 1953</i> , that I last saw the deceased alive on <i>4-27, 1953</i> and that death occurred at <i>1 P. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>Wm J. Shaw, MD</i>				23b. ADDRESS <i>Lee Hwy, Fayette Mo</i>		23c. DATE SIGNED <i>4-30-53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/29/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Ridge Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Fayette, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>4-30-53</i>		REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter A. Carr</i>		ADDRESS <i>Fayette, Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 1940

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 _____

Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.