

FILED MAY 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 031333
1953
14735
RECEIVED
Registrar's No. 031333

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. No. 2196

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. CITY (If outside corporate limits, write RURAL and give town) Webb City	
c. LENGTH OF STAY (in this place) 33 Yrs.		d. STREET ADDRESS (If rural, give location) 801 N. Devon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 N. Devon St.			

3. NAME OF DECEASED a. (First) Emma		b. (Middle) E.		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1883	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months 10 Days 11	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crawford Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE LeRoy R. Taylor			
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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) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS LeRoy R. Taylor 801 N. Devon St. Webb City, Mo.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Congestion</u>				<u>3 Mo</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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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)	
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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?			
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22. I hereby certify that I attended the deceased from Jan, 1953, to April, 1953, that I last saw the deceased alive on 4/26, 1953, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Severright</u>		23b. ADDRESS M.D. Webb City, Mo.		23c. DATE SIGNED 4-27-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-53		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Mo.	
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DATE REC'D BY LOCAL REG. 4-28-53		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Johnston-Arnice-Simpson, Webb City, Mo.</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 5-6-53
Jasper County Health Office
County File Number 53-5-395
Date Filed 5-6-53

JUN 8 1953

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 Jack C. Simpson
Licensed Embalmer No. 4647

P. O. Address Webb City, 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.