No. 300
10.48

FILED APR 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16861

BIRTH NO. ____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 76

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Twp
c. LENGTH OF STAY (in this place): 26-9-10
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospt #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 623 No. Webb

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Warren
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): Apr 19-1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-17-1904
9. AGE (In years last birthday): 49 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: L. R. Taylor
13b. MOTHER'S MAIDEN NAME: Barbara Ennis
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): No
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: Hospt Records — ADDRESS: Nevada Mo

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) Labor Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — 26 yrs +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1950, *to* Apr 19, 1953 *that I last saw the deceased alive on* Apr 19, 1953 *and that death occurred at* 3:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. R. Shrout M.D.
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 4/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/21/53
24c. NAME OF CEMETERY OR CREMATORY: Ennis Cemetery
24d. LOCATION (City, town, or county) (State): Cassville Mo

DATE REC'D BY LOCAL REG.: 4-20-'53
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge-Lewis Funeral Home — ADDRESS: Webb City

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Gray Lewis

Licensed Embalmer No. 4405

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.