

STANDARD CERTIFICATE OF DEATH

State File No. **19129**

No. 300
0.48

FILED JUN 1 - 1953

BIRTH NO. 724 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 183

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francois Township		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Ella Haw Taylor	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH May 23 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 5 1863	9. AGE (In years: last birthday) 89	If UNDER 1 YEAR Month Day 11 18	If UNDER 24 HRS. Hours Min. 0 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Charleston Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Haw	13b. MOTHER'S MAIDEN NAME Mary Vernon	14. NAME OF HUSBAND OR WIFE R. P. 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. LeRoy Johnson	ADDRESS Farmington
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility		
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 4201	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 June 1946, to May 23, 1953, that I last saw the deceased alive on 5-22, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. Reimise Do 2	(Degree or title)	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 5-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE May 25 1953	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Farmington Mo
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DATE REC'D BY LOCAL REG. May 25, 1953	REGISTRAR'S SIGNATURE Esther Rudeoff	25. FUNERAL DIRECTOR'S SIGNATURE C H COZAN	ADDRESS FARMINGTON, MO
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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 _____

CA Cozran
Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.