

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20386

State File No. ....

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6080 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>St. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALINE</u>		c. LENGTH OF STAY (In this place) <u>65 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SALINE</u>		d. STREET ADDRESS (If rural, give location) <u>Clearwater, Mo 0958</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clearwater, 170</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) _____ c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1953</u>			
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>Feb 5, 1888</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>COLEMAN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cosby</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Polby</u> ADDRESS <u>Clearwater 170</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo Carditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) <u>4222</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>1931 to June 2, 1953</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>6:30 P m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Arthur E. [unclear]</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>June 4 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Genevieve, Mo</u>			
DATE REC'D BY LOCAL REG. <u>June 3 1953</u>		REGISTRAR'S SIGNATURE <u>Rueille Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome L. Stauton</u> ADDRESS <u>St. Genevieve, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1950  
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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 \_\_\_\_\_

*Not*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*James H. Santa*

Licensed Embalmer No. *3817*

P. O. Address *St. Genevieve 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.