

FILED JUN 29 1953

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 728

21062

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1129 PRIMARY REG. DIST. NO. 5288

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route #2, Lawson, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Holden, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughter, Lawson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura Ann</u> b. (Middle) _____ c. (Last) <u>Taul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 9, 1861</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John P. Cooter</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Elliston</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph S. Taul</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>xxxx</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Skerlock, Holden, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-vascular Disease</u>		ANTECEDENT CAUSES <u>Saile arteriosclerosis</u>		<u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Saile arteriosclerosis</u>		<u>10-15 yrs</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4/42x</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) <u>Lawson Clinton Mo.</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 1950, 10 May 8, 1953, that I last saw the deceased alive on May 7, 1953 and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Detros. Buehler M.D.</u> (Degree or title)	23b. ADDRESS <u>Lawson, Mo.</u>	23c. DATE SIGNED <u>5/10/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10 '53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 25, 1953</u>	REGISTRAR'S SIGNATURE <u>Mabel Fra-Law</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday &amp; Ropp</u>	ADDRESS <u>Holden, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 29 1954

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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 W. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.