

305 FILED JUL 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21063**

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give town) Smithville
c. LENGTH OF STAY (in this place) (township) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) Smithville
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Lloyd b. (Middle) _____ c. (Last) Taul
4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953

5. SEX Ma 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 7, 1888 9. AGE (In years last birthday) 64 11 19 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Taul 13b. MOTHER'S MAIDEN NAME Rhoda Quinn 14. NAME OF HUSBAND OR WIFE Violet Taul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. 500-0741185
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lloyd Taul Smithville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction
ANTECEDENT CAUSES (b) Coronary Arteriosclerosis
Morbid conditions, if any, giving 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) Smithville Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 June 24, 1953, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clara J. Novotny M.D. 23b. ADDRESS Smithville Mo 23c. DATE SIGNED June 27, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-28-53 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) Smithville, Missouri

DATE REC'D BY LOCAL REG. 6-29-53 REGISTRAR'S SIGNATURE Ruth W Henry 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1954
AUG 21 1953
DEC 3 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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.