

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21403**

BIRTH NO. _____		REG. DIST. NO. <b>139</b>		PRIMARY REG. DIST. NO. <b>4225</b>		Registrar's No. <b>42</b>	
1. PLACE OF DEATH a. COUNTY <b>Holt</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>			
b. CITY OR TOWN <b>Oregon</b>		c. LENGTH OF STAY (In this place) <b>30 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CRAIG</b>		d. STREET ADDRESS (If rural, give location) <b>0440</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brown Nursing Home</b>				d. STREET ADDRESS <b>0</b>			
3. NAME OF DECEASED a. (First) <b>IRENA</b>			b. (Middle) <b>ELIZABETH</b>			c. (Last) <b>TAYLOR</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6-20-1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Nov. 14, 1879</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>		IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CRAIG, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>WILLIAM A. PARRISH</b>		13b. MOTHER'S MAIDEN NAME <b>LUCEY M. CARLTON</b>		14. NAME OF HUSBAND OR WIFE <b>S. R. TAYLOR</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JIM GELVIN</b> ADDRESS <b>CRAIG, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetic Gangrene</b>					<b>1 yr -</b>
		DUE TO (c) <b>Diabetes Mellitus</b>					<b>years</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive heart Disease</b>					<b>Unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>1950</b> , to <b>6-20</b> , 1953 that I last saw the deceased alive on <b>6-20</b> , 1953 and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James F. Sewing M.D.</b>				23b. ADDRESS <b>Oregon, Mo.</b>		23c. DATE SIGNED <b>6-22-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial of Remains</b>		24b. DATE <b>6/23/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Craig Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-23-53</b>		REGISTRAR'S SIGNATURE <b>James H. Crawford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbur L. Schaefer</b> ADDRESS <b>Craig, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0440

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 \_\_\_\_\_

*myself*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed *Wilbur L. Schober*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.