

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22422

State File No.

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>508 N Broadway Sedalia Mo</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 W Blvway</u>			

3. NAME OF DECEASED (Type or Print) <u>Miss Florence M. Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan 31 1878</u>		9. AGE (In years; if under 1 year of UNDER 1 YEAR last birthday) <u>75</u> Months <u>4</u> Days <u>10</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House maid</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Smith Center Kans</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Danford Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Rosella Meadoo</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henderson Taylor Syracuse Mo</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal hemorrhage from</u> ANTECEDENT CAUSES <u>cardiac decompensation due</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>to chronic myocarditis</u> DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>
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 <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)		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 body of the deceased, as deputy coroner of Pettis County, Mo., on June 11, 1953, and that death occurred on June 11, 1953, from the causes and of the date stated above.					

23a. SIGNATURE <u>J. M. Rodeman</u> (Degree or title) <u>D. Deputy Coroner of Pettis County</u>		23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>6-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>	
24d. LOCATION (City, town, or county) <u>Smithton Mo</u>		24e. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>6-25-53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Newman</u> ADDRESS <u>Smithton</u>	

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

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

A. F. Henneberger

Licensed Embalmer No.

3912

P. O. Address

Smithton, Pa

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.