

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28253

State File No.

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brush Creek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owensville, Mo. Rt. 3		d. STREET ADDRESS (If rural, give location) Owensville, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Arthur c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 8, 1912	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Owensville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Clayton Taylor	13b. MOTHER'S MAIDEN NAME Fanny Ferris Taylor	14. NAME OF HUSBAND OR WIFE ***
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 487-30-5732	17. INFORMANT'S SIGNATURE OR NAME Wm. C. Taylor	ADDRESS Owensville, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from Esophageal Varices		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 4-6 yrs. 20 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cirrhosis of liver		
	DUE TO (c) Alcoholism, chronic		
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 5811	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May**, 1950 to **Aug.**, 1953, that I last saw the deceased alive on **Aug 6**, 1953, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. M. Keller M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 8-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-1953	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. August 10, 1953	REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	25. FUNERAL DIRECTOR'S SIGNATURE Michael H N Winter	ADDRESS OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

0370

0370

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myrdal H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.