No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29516

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 90

791
0

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRYVILLE
c. LENGTH OF STAY (In this place): 2 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PERRY CO MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0950 1
d. STREET ADDRESS (If rural, give location): STAR ROUTE #2 STE. GENEVIEVE MO

3. NAME OF DECEASED (Type or Print)
a. (First): PATRICIA
b. (Middle): ANN
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): SEPT 6 1953

5. SEX: 1 FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0
8. DATE OF BIRTH: FEB 14 1950
9. AGE (In years last birthday): 3 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: ELIGITAMITE
13b. MOTHER'S MAIDEN NAME: MARY TAYLOR
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: Mary Taylor — **ADDRESS**: Ste. Genevieve Mo S.R. #2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

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: — 3220
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): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
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* 6 Sept, 1953 *to* 6 Sept, 1953, *that I last saw the deceased alive on* 6 Sept, 1953, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: SEP 8 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 8 1953
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): St Genevieve Mo.

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Joy Goellner
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C Basler
ADDRESS: St Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve

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.