

FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5720 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural Liberty Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Bevier</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>TAYLOR</u>	c. (Last) <u>LANDREE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 1, 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1000 Hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alfred Lyle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Young</u>	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 war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Winkler</u>	ADDRESS <u>Bevier, Mo. Rt. 1</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Wk.</u> <u>Several years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <input type="checkbox"/> NO <input 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) <u>331X</u>
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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?
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22. I hereby certify that I attended the deceased from 9/1, 1953, to 9/3, 1953, that I last saw the deceased alive on 9/1, 1953, and that death occurred at 9/3 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur L. Durbin</u>	(Degree or title)	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>9-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/7/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomington</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/6/53</u>	REGISTRAR'S SIGNATURE <u>Guth Mcneely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Bram</u>	ADDRESS
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 10-14-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-53-167
Date Filed 10-15-53

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

R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address *Macon, Ga.*

The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply constitutes grounds for revocation of license.)

If not embalmed, fact should be so stated above.