

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36761

State File No.

FILED OCT 19 1953

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 43 yrs.		0809	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1812 East 12th., St.		d. STREET ADDRESS (If rural, give location) 1812 East 12th., St.	
3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) TAYLOR c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) Oct., 10, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1877
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cement Contractor Own	11. BIRTHPLACE (City and State or Foreign Country) Lorain, Ohio
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Taylor		13b. MOTHER'S MAIDEN NAME Amanda Breedlove	
13c. NAME OF HUSBAND OR WIFE Nannie Lemmon Taylor		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nannie L. Taylor, Sedalia, Mo.		ADDRESS	
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) Cerebral Infarction, rt.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
ANTECEDENT CAUSES Arteriosclerosis, generalized		years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c) Chronic Myocardosis		7 yrs	
II. OTHER SIGNIFICANT CONDITIONS Chronic Myocardosis		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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) (m.)		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 Sgt , 1947, to Oct 9, 1953 , that I last saw the deceased alive on 10-9, 1953 , and that death occurred at 12:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Embroider, M.S.		23b. ADDRESS 312 N. S. Ohio, Sedalia, Mo.	
23c. DATE SIGNED 10-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/12/1953	
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 10/12/53		REGISTRAR'S SIGNATURE 251-0	
25. FUNERAL DIRECTOR'S SIGNATURE DW Leckart		ADDRESS Sedalia, Mo.	

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

GILLESPIE FUNERAL HOME

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

Russell C. Maag

Licensed Embalmer No. *4804*

P. O. Address

Sedalia, 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.