

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3888**

FILED MAR 9 1954

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		c. LENGTH OF STAY (In this place) <u>Many Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>613 South Jefferson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 South Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>613 South Jefferson</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Preston</u> b. (Middle) <u>Kaylor</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>27</u> (Year) <u>1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Feb 21, 1865</u>			
9. AGE (In years last birthday) <u>89</u>		# UNDER 1 YEAR <u>6</u>		# UNDER 1 YEAR Months <u>6</u> Days _____ Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grocery</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Illinois</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Sam Kaylor</u>		13b. MOTHER'S MAIDEN NAME <u>Eleonor Bradbury</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Kaylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nell Kaylor, Vandalia, Mo.</u>			ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>							<u>4 days</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		DUE TO (b) <u>Chronic Cardiovascular disease</u>					<u>3 yrs.</u>		
		DUE TO (c) <u>Toxemia Chronic Nephritis</u>					<u>6 yrs.</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) (Min.)		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 <u>2-26</u> , 19 <u>54</u> , to <u>2-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>54</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. R. Dougherty, M.D.</u>				23b. ADDRESS <u>Vandalia, Mo.</u>		23c. DATE SIGNED <u>3-1-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>vandalia cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>vandalia, missouri</u>			
DATE REC'D BY LOCAL REG. <u>March 1 1954</u>		REGISTRAR'S SIGNATURE <u>Walter Dugua</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William S Waters</u>		ADDRESS <u>Vandalia, Mo.</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 William B. Peters

Licensed Embalmer No. 4164

P. O. Address Vandalia 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.