S. No. 300
v. 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. 4309

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 317 West Excelsior, St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 602
d. STREET ADDRESS (If rural, give location): 317 West Excelsior, St.

3. NAME OF DECEASED (Type or Print)
a. (First): SIM
b. (Middle): TANEY
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11th 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 5th 1875
9. AGE (In years last birthday): 78
If under 1 year: Months 6 Days 6 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Kansas City, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leonard Taney
13b. MOTHER'S MAIDEN NAME: Katherine Blake
14. NAME OF HUSBAND OR WIFE: Maggie Stapleton Taney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 491-01-9047
17. INFORMANT'S SIGNATURE OR NAME: Maggie Taney, 317 W. Ex.St. Ex.Spgs
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* 1/31, 1954, *to* 2/12, 1954, *that I last saw the deceased alive on* 2/12, 1954, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. M. Crisler (Degree or title) M. D.
23b. ADDRESS: Excelsior Springs, Mo
23c. DATE SIGNED: 2/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, 1954
24c. NAME OF CEMETERY OR CREMATORY: Lexington Cemetery
24d. LOCATION (City, town, or county) (State): Lexington, MO.

DATE REC'D BY LOCAL REG. 2/28/54
REGISTRAR'S SIGNATURE Caroline Hutchings 62 0
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home, by Virgil Hope
ADDRESS: Ex. Spgs. 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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.