

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4422

State File No.

No. 300
10.48

FILED MAR 8 1954

REG. DIST. NO. 99

PRIMARY REG. DIST. NO. 5372 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY DeKalb			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give township) Weatherby (Rural)		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Weatherby (Rural)		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0320 0		

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) E. c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1889		9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeKalb County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Ben Taylor		13b. MOTHER'S MAIDEN NAME Sue Ellen Coones		14. NAME OF HUSBAND OR WIFE Eileen Taylor	
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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) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eileen Taylor Weatherby Mo. R.F.D.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholelithiasis				INTERVAL BETWEEN ONSET AND DEATH 16 yrs 10 yrs 5 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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)	
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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	
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22. I hereby certify that I attended the deceased from 10-19, 1952, to 1-18, 1954, that I last saw the deceased alive on 1-18, 1954, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. F. Nettleton M.D.		23b. ADDRESS Cameron Mo		23c. DATE SIGNED 2-28-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 2 1954	24c. NAME OF CEMETERY OR CREMATORY Christian Chapel		24d. LOCATION (City, town, or county) (State) Cameron (R.F.D.) Mo	
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DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Roscoe Davidson 82-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FILCHER FUNERAL HOME MAYSVILLE MISSOURI		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 1954
JUN 7 1956

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 
O.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Mayesville 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.