

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5221

State File No.

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 60 Yrs		d. STREET ADDRESS (If rural, give location) 1629 New York Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1629 New York		8495 0	
3. NAME OF DECEASED (Type or Print) MRS AMIE DELILAH TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) 2-13-1954	
a. (First)		b. (Middle)	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-16-1868	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	
11. BIRTHPLACE (State or foreign country) Mahaska County, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Morrow		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE Mr. Jerry M. Taylor			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Addie Wiley		17. ADDRESS 1629 New York, Joplin, Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterio-sclerotic heart disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>Overworked</i> DUE TO (b) 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 4200	
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 4-10-53 to 2-13, 1954, that I last saw the deceased alive on 2-12, 1954 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>R. H. Hamilton</i>		23b. ADDRESS 517 Frisco Bldg., Joplin, Mo.	
23c. DATE SIGNED 2-15-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-16-1954	
24c. NAME OF CEMETERY OR CREMATORY Osborn Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 2-19-54		REGISTRAR'S SIGNATURE <i>Red D. James</i> 138	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon Mortuary</i>		ADDRESS Thornhill-Dillon Mortuary, Joplin, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 23 1954

Jasper County Health Office

County File Number 54-2-152

Date Filed FEB 23 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. E. Middleton

Licensed Embalmer No. 4770

P. O. Address _____

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.