

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 15 1954

REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>RURAL STE. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>U Y K A W</u>	c. CITY OR TOWN <u>ALTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mississippi River</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>CLAY</u> c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Feb 19, 1915</u>
9. AGE (In years last birthday) <u>38</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bull Towing Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Winchester Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>IRA TAYLOR</u>	
13b. MOTHER'S MAIDEN NAME <u>FANNIE SMITH</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>YES</u> (If yes, give way or dates of service) <u>U.W. 411</u>		16. SOCIAL SECURITY NO. <u>349-09-0181</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Opal Taylor</u>		ADDRESS <u>Alton, Ill</u>	
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) <u>Accidental Death: By Drowning In The Mississippi River</u> ANTECEDENT CAUSES DUE TO (b) <u>Drowning In The Mississippi River</u> DUE TO (c) <u>Mississippi River</u> II. OTHER SIGNIFICANT CONDITIONS <u>The person fell in the River close to the Jefferson-Ste. Genevieve County line, and presumably died in Ste. Genevieve Co.</u>	
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) <u>Accident</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jerome H. Stanton, Coroner 3</u>		23b. ADDRESS <u>Ste Genevieve Mo</u>	
23c. DATE SIGNED <u>3/9/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winchester</u>	
24d. LOCATION (City, town, or county) (State) <u>Winchester, ILL</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome H. Stanton</u>	
25. ADDRESS <u>Ste Genevieve Mo</u>		DATE REC'D BY LOCAL REG. <u>3/10/54</u>	
REGISTRAR'S SIGNATURE <u>Luella Basler</u>		ADDRESS	

MAR 14 1954

APR 12 1954

MAR 16 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 Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Jerome A. Stancala*

Licensed Embalmer No. *381*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.