

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7750**

FILED APR. 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 178

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone County</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Illinois</u> b. COUNTY <u>Lake</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waukegan, 8128</u>                                       |  |
| c. LENGTH OF STAY (in this place) <u>2 days</u>   |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 W. Switzler</u>                                |  |  |  |

|                                     |                             |                          |                         |   |
|-------------------------------------|-----------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HENRIETTA</u> | b. (Middle) <u>LEWIS</u> | c. (Last) <u>TAYLOR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1954</u> |
|-------------------------------------|-----------------------------|--------------------------|-------------------------|---|

|                      |                               |   |                                      |   |  |  |
|----------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 18, 1912</u> | 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|--|--|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|--|--|--|

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| 13a. FATHER'S NAME <u>John W. Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Florence Redman</u> | 14. NAME OF HUSBAND OR WIFE <u>Alex Taylor</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>372-26-9172</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Alex Taylor</u> | ADDRESS <u>Waukegan, Ill</u> |
|--|--|--|------------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

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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) <u>Centralia Boone Mo.</u> |
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|   |  |                           |
|---|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 25 54</u> 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 3/25/54, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Henry H. Sweet</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Columbia Mo</u> | 23c. DATE SIGNED <u>3/30/54</u> |
|--|---------------------------------|---------------------------------|

|   |                                 |   |  |
|---|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 28, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u> | 24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u> |
|---|---------------------------------|---|--|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>April 1-1954</u> | REGISTRAR'S SIGNATURE <u>Maud McBride</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dell P. Nease</u> | ADDRESS <u>Centralia, Missouri</u> |
|--|---|---|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8

**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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centuria, Missouri

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.