

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8312**
Registrar's No. **309**

BIRTH NO. **FILED MAR 20 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

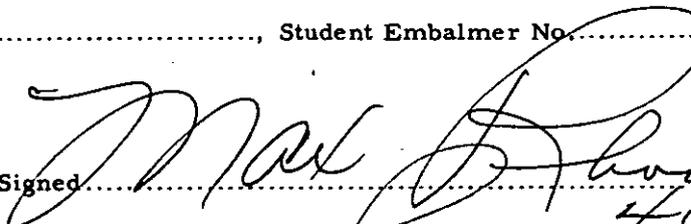
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE				
b. CITY (If outside corporate limits, write RURAL and give town or township) SPRINGFIELD		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SPRINGFIELD	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2337 SPRINGFIELD MAIN		e. STREET ADDRESS (If rural, give location) 2337 SPRINGFIELD MAIN				
3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) T. c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24 1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5 APRIL 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN G		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ALFRED C. DEAN		13b. MOTHER'S MAIDEN NAME LOUISA WARREN		14. NAME OF HUSBAND OR WIFE DECEASED		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year for dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME BERTIE DEAN DODSON		ADDRESS SPGFD. MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1948 to 9-24 , 1954 , that I last saw the deceased alive on 1-17 , 1954 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 3-24-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-26-54	24c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE CEME.	24d. LOCATION (City, town, or county) (State) POLK COUNTY, MO.		
DATE REC'D BY LOCAL REG. 3-25-54		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS SPGFD. MO.		

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.....



Licensed Embalmer No. 40

P. O. Address..... Spring

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.