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

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15165

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 200

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau ~~Marquand Mo~~
c. LENGTH OF STAY (in this place): 3Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cape Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~Marquand Missouri~~ Madison
c. CITY OR TOWN: Marquand
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): ~~Cape Girardeau Mo~~ 0620

3. NAME OF DECEASED (Type or Print): a. (First) Flora b. (Middle) I c. (Last) Taylor
4. DATE OF DEATH (Month) (Day) (Year): May, 24, 1954
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept, 11, 1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8 Days 13 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Bollinger Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Amos Seabaugh
13b. MOTHER'S MAIDEN NAME: Patsy Cook
14. NAME OF HUSBAND OR WIFE: Peter H Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Peter H Taylor ADDRESS: Marquan Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Thrombosis
DUE TO (c) Lobar Pneumonia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cholecystitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 13, 1954, *to* May 24, 1954, *that I last saw the deceased alive on* May 24, 1954, *and that death occurred at* 7:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. Newell (Degree or title) D.O.
23b. ADDRESS: 28 S. Spanish Cape Girardeau Mo
23c. DATE SIGNED: May 25, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May, 25, 1954
24c. NAME OF CEMETERY OR CREMATORY: St Johns Cemt
24d. LOCATION (City, town, or county) (State): Grannit City Ill

DATE REC'D BY LOCAL REG.: 5-25-54
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: L L Haman ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L L Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.