No. 300
10-48

FILED MAY 24 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16420

BIRTH NO. _____ REG. DIST. NO. 41 PRIMARY REG. DIST. NO. 3029 Registrar's No. 41

501

1. PLACE OF DEATH
a. COUNTY Jeff
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jeff
c. CITY OR TOWN Crystal City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 324 England Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) — c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1954

5. SEX F 3
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 2, 1902
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Abe Smith
13b. MOTHER'S MAIDEN NAME Caroline McDonald
14. NAME OF HUSBAND OR WIFE

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. —
17. INFORMANT'S SIGNATURE OR NAME Foney Smith ADDRESS Crystal City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident

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

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 4222

INTERVAL BETWEEN ONSET AND DEATH

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 10, 1954 *to* May 11, 1954 *that I last saw the deceased alive on* May 10, 1954 *and that death occurred at* 12:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Arthur B. Iversen DO.
23b. ADDRESS Festus
23c. DATE SIGNED 5-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-13-54
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. 5/11/54
REGISTRAR'S SIGNATURE John B. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE Chester R. Solitt ADDRESS Crystal City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 18 1954

MAY 24

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....34

P. O. Address.....

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