

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17686

State File No. 17686

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>1 Hour</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>323 W. Hunter</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Irene</b>		b. (Middle) <b>Taylor</b>		c. (Last) <b>Giesler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 17 54</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 8, 1886</b>	
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Osage Mission, Kans.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Arthur LeRay Taylor</b>			13b. MOTHER'S MAIDEN NAME <b>Annie McMillin Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Otto Giesler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>....</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nevada City Hospital Nevada, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>  DUE TO (c) <b>Cholecystitis + Cholelithiasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>  <b>?</b>  <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <b>7/10</b> , 19 <b>53</b> , to <b>5/17</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>2/17</b> , 19 <b>54</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. E. Morris, M.D.</b>		23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>5/17/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-20-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newton, Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-20-1954</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmund H. Hester</b>		ADDRESS <b>Nevada, Mo.</b>	

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

082  
0

1082  
0

**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 *Richard H. Hatten* \_\_\_\_\_

Licensed Embalmer No. *4538* \_\_\_\_\_

P. O. Address *Seaside, Md.* \_\_\_\_\_

**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.