

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22203

22203

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>793</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan CO.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (In this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u> d. STREET ADDRESS (If rural, give location) <u>238th /</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ho mer</u> b. (Middle) <u>E.</u> c. (Last) <u>Taylor.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7.19.1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>8.16.1885</u>		
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u>		11. YEARS <u>3</u>		12. IF UNDER 18: Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Yates Center Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Marshall Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Aquda</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-14-6842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Castleman, Buffalo, Mo.</u>				
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) <u>Cerebral Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarct</u> DUE TO (c) <u>Coronary Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 day</u> <u>7 days</u>	
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>7-17</u> <u>1954</u> , to <u>7-19</u> , 1954, that I last saw the deceased alive on <u>7-18</u> , 1954, and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. W. Carle</u> (Degree or title) _____				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>7-19-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 19, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. H. Haggart</u>		ADDRESS <u>King City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

R. H. Taggart

Licensed Embalmer No. *2563*

P. O. Address *King City Mo*

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.