

23714

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED AUG 13 1954

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4924 Registrar's No. 20-54

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tusumba</u>		c. CITY OR TOWN <u>BARNETT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 days</u>		e. STREET ADDRESS (If rural, give location) <u>BARNETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphroy's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewell</u> b. (Middle) <u>- Richard -</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug- 2 1954</u>		
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5. SEX <u>MALE</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8 Nov 1909</u>		9. AGE (In years) (If UNDER 1 YEAR last birthday) (Months) (Days) (Hours) (Min.) <u>43</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filling-Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gasolene</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Lewis-G Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie-Adcock</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby-Rains-Taylor</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-16-5379</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby-Taylor - Barnett Mo</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Infarction</u> DUE TO (c) _____ 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>10 day.</u> <u>15 day.</u>	
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19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	
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22. I hereby certify that I attended the deceased from July 16, 1954, to August 2, 1954, that I last saw the deceased alive on August 2, 1954, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Humphroy D.O.</u>		23b. ADDRESS <u>Tusumba - Mo</u>		23c. DATE SIGNED <u>2 Aug 54</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5 Aug - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 5-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKays</u>		ADDRESS <u>ELDON Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 12 1956

MILLER COUNTY HEALTH
DEPARTMENT

5961 28 1074

100

5961 8 9174

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 *Robert M. Keys*
Licensed Embalmer No. *399*
P. O. Address *Eldon*

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.