

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31481

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5994 Registrar's No. Lab

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-RICHMOND</u> c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY OR TOWN <u>PURA</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIONVILLE</u>		e. STREET ADDRESS (If rural, give location) <u>UNIONVILLE, MO. 0860</u>	
3. NAME OF DECEASED a. (First) <u>ANDREW</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1954</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov. 26, 1865</u>
9. AGE (In years) (If UNDER 1 YEAR last birthday) <u>88</u> (Months) <u>9</u> (Days) <u>16</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Ed. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA DECKER</u>	
14. NAME OF HUSBAND OR WIFE <u>NANCY TAYLOR-DEK.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>10000</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Anders, Unionville, Mo.</u>		ADDRESS	
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>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (m.)		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>8-15, 1954</u> , to <u>9-12, 1954</u> , that I last saw the deceased alive on <u>9-12, 1954</u> , and that death occurred at <u>9-P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. W. McDonald</u>		23b. ADDRESS <u>Unionville, Mo.</u>	
23c. DATE SIGNED <u>9-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>15</u>		24b. DATE <u>Sept 16, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PERIGO CEN</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM CO MO</u>	
DATE REC'D BY LOCAL REG. <u>9-25-54</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvell Turbin</u> ADDRESS <u>266 W. Unionville, Mo.</u>	

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

860

0860

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 *A. O. Hualid* .....

Licensed Embalmer No. *2975*

P. O. Address *Union*

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.