S. No. 300
v. 10.48

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31547
State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 32

0930

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (in this place): 8 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elliott M. Hoop.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City Mo.
d. STREET ADDRESS (If rural, give location): 0930

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): William
c. (Last): Tayber

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28 - 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Jan 4 - 1872
9. AGE (In years last birthday): 82 — If under 1 year: Months 8, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn Co. Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gottlieb Tayber
13b. MOTHER'S MAIDEN NAME: Caroline Domer
14. NAME OF HUSBAND OR WIFE: Mary Jane Tayber

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Clarence Tayber
ADDRESS: Rockville 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C V disease — yrs
DUE TO (c) Generalized arteriosclerosis — yrs

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* Aug, 1954, *to* Sept, 1954, *that I last saw the deceased alive on* 9/28, 1954, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Slickman, MD
23b. ADDRESS: Appleton City, Mo.
23c. DATE SIGNED: 9/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-1-54
24c. NAME OF CEMETERY OR CREMATORY: Rockville
24d. LOCATION (City, town, or county) (State): Rockville, Mo.

DATE REC'D BY LOCAL REG.: Sept. 30, 1954
REGISTRAR'S SIGNATURE: Clio Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE: Dean Eddy
ADDRESS: Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1953

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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.