

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37168

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 7 days		c. CITY OR TOWN Blairstown RFD I	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital		e. STREET ADDRESS (If rural, give location) Big Creek Township			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RENA	b. (Middle) ALMEDIA	c. (Last) TAYLOR	(Month) NOV.	(Day) 20	(Year) 1954

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 17 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6	IF UNDER 1 HRS. Days 3	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Johnson County Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN PHELPS	13b. MOTHER'S MAIDEN NAME SARAH ANN GOTER	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Stoneking	ADDRESS Warrensburg Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute circulatory failure			minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction			
DUE TO (c) arteriosclerosis		yr.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 14, 1954**, to **Nov. 20, 1954**, that I last saw the deceased alive on **Nov. 20, 1954** and that death occurred at **7:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Henry County Missouri
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DATE REC'D BY LOCAL REG. Nov. 24, 54	REGISTRAR'S SIGNATURE [Signature]	EMBALMER'S SIGNATURE [Signature]	ADDRESS WILKINSON FUNERAL HOME Clinton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 F Lee Schaberg

Licensed Embalmer No. 451

P. O. Address Clenton

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.