

FILED JAN 4 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40301

State File No. _____

Registrar's No. 352

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. _____		Registrar's No. 352			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Caruthersville b. COUNTY Pemiscot							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton			c. LENGTH OF STAY (In this place) 13 years			c. CITY OR TOWN Caruthersville Missouri		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 State Hospital #1				e. STREET ADDRESS (If rural, give location) 0787							
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle)			c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1954		
5. SEX male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10 1865 ?? unknown		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months 10	11. IF UNDER 24 HRS. Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY D. K.		11. BIRTHPLACE (City and State or Foreign Country) La.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Zwill Taylor			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Rachiel Taylor					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. D.K.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records, Fulton, 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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilitic encephalitis (general Parris) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 025X YES <input type="checkbox"/> NO <input 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)		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 July 4, 1953, to Dec 21, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 2:25 P.m., from the causes and on the date stated above.											
23a. SIGNATURE A. C. Kepler, M.D.						23b. ADDRESS State Hospital, Fulton, Mo		23c. DATE SIGNED 12/21/54			
24a. BURIAL CREMATION BY REMOVAL (Specify) Removal		24b. DATE 12-27-54		24c. NAME OF CEMETERY OR CREMATORY anatomical Board		24d. LOCATION (City, town, or county) (State) Columbia, Mo					
DATE REC'D BY LOCAL REG Dec 28-1954		REGISTRAR'S SIGNATURE Martha Lawrence		426-7		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Roberts		ADDRESS Columbia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.