

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1009**

FILED FEB 15 1955

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4221		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City		c. LENGTH OF STAY (In this place) 31 yrs		c. CITY OR TOWN Mound City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0440			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Anna		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22, 1887	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (City and State or Foreign Country) Dresden, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Adolf Naumann		13b. MOTHER'S MAIDEN NAME Anna Pauline Weber		14. NAME OF HUSBAND OR WIFE Lewis Ray Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-10-5794		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis R. Taylor, Mound City, Mo.			
18. CAUSE OF DEATH Enter 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension several years 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 16 hrs	
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) 4201			
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 1-21, 1955 to 2-1, 1955 , that I last saw the deceased alive on 2-1, 1955 , and that death occurred at 2 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE D. Perry M.D. (Degree or title)				23b. ADDRESS Mound City Mo		23c. DATE SIGNED 2-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/1955		24c. NAME OF CEMETERY OR CREMATORY High Creek Cemetery		24d. LOCATION (City, town, or county) (State) Atchison County, Missouri	
DATE REC'D BY LOCAL REG. 2/3/1955		REGISTRAR'S SIGNATURE Jamies Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jamies Crawford Mound City, Mo.			

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

REC'D
FEB 15 1953

APR 2 4 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.....
Signature of Student Embalmer

Signed *James H Crawford*

Licensed Embalmer No. *479*

P. O. Address *Mound City*

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.