

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7669**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4144** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Pilot Grove Mo	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN Pilot Grove	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)	

3. NAME OF DECEASED (Type or Print) CORDELIA		b. (Middle)	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) April 4, 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Sept 27, 1873	
9. AGE (In years if under 1 year last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Mo	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZENRY OF WHAT COUNTRY U.S.A	

13a. FATHER'S NAME J. W. Catton	13b. MOTHER'S MAIDEN NAME Ann Gubressa	14. NAME OF HUSBAND OR WIFE Tom Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME John Taylor	ADDRESS Tulsa Okla
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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, asthma, 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) Cardiac Insufficiency		1 hour
	ANTECEDENT CAUSES DUE TO (b) Valvular Lesions Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		1 yr
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 4214	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)
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 **March 1953**, to **April 4, 1955**, that I last saw the deceased alive on **April 4, 1955**, and that death occurred at **9:40 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Dem Niche	(Degree or title) Dr. J. Pilot Grove mo	23b. ADDRESS	23c. DATE SIGNED 4-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Salt Fork Ceme	24d. LOCATION (City, town, or county) (State) Tulsa, Mo.
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DATE REC'D BY LOCAL REG. 4/6/55	REGISTRAR'S SIGNATURE Dr Hooper	381	25. FUNERAL DIRECTOR'S SIGNATURE Hays - Painter	ADDRESS Pilot Grove, Mo.
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(Licensed Embalmer's Statement of Reverse Side)

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

70

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 *Raymond E. Hayes*

Licensed Embalmer No. *301*
P. O. Address *Pilot Knob*

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.