

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11378**BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 30 yrs		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 508 Mulberry St.		e. STREET ADDRESS (If rural, give location) 508 Mulberry St.	
3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle) TAYLOR	
c. (Last) LICHTE		4. DATE OF DEATH (Month) (Day) (Year) May 13 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3rd 1886
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 10 Days 10	
IF UNDER 24 HRS. Hours - Min. -		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Roden Taylor	
13b. MOTHER'S MAIDEN NAME Francis Sapp		14. NAME OF HUSBAND OR WIFE Edward J. Lichte	
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. 490-09-9091	
17. INFORMANT'S SIGNATURE OR NAME Edward J. Lichte		ADDRESS 508 Mulberry St. Jefferson City, 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart d 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 1 1/2 hr		1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200	
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)	
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 Jan 12, 1954 , to May 13, 1955 , that I last saw the deceased alive on May 13, 1955 , and that death occurred at 4 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE J. W. Canagaine M.D. (Degree or title)		23b. ADDRESS 1026 Meyer Rd. Jefferson City, Mo.	
23c. DATE SIGNED 5/14/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5/15/55		24c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery	
24d. LOCATION (City, town, or county) (State) Boone County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE R. P. Dorris M.D. R.P. Turner Serv. Jefferson City, Mo. ADDRESS 208 Jefferson St. Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. May 14-1955		REGISTRAR'S SIGNATURE R. P. Dorris M.D. R.P. Turner	

(Licensed Embalmer's Statement on Reverse Side)

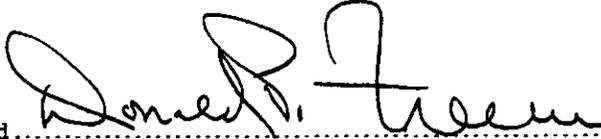
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

OCT 6 1955

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 
Donald P. Freeman
Licensed Embalmer No...4623.

P. O. Address J.,C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.