

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19802

State File No.

No. 300
10-48

FILED JUL 14 1955

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6056 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Osceola</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Better Community</u>		e. STREET ADDRESS (If rural, give location) <u>098B</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Michael</u>		b. (Middle) <u>H.</u>	
c. (Last) <u>Taylor</u>		5. DATE OF BIRTH	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. AGE (In years last birthday) <u>70</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Brooks</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW#1</u>	
16. SOCIAL SECURITY NO. <u>556-26-0271</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William O'Banion, Osceola Missouri</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic convulsions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, Chronic & Hypertensive Arterio</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION <u>592x</u>		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24a. ACCIDENT SUICIDE HOMICIDE (Specify)		24b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		24d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
24e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 28, 1955</u> at <u>1:30 AM</u> , to <u>June 28, 1955</u> , that I last saw the deceased alive on <u>June 28, 1955</u> , and that death occurred at <u>1:30 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. O. Banion</u>		23b. ADDRESS <u>Fort Scott Kan</u>	
23c. DATE SIGNED <u>6/29/55</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	
24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kan</u>		DATE REC'D BY LOCAL REG. <u>7-1-55</u>	
REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Madison Funeral Home Osceola Mo</u>	
ADDRESS <u>288-0</u>		ADDRESS	

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 *J. B. Goodrich*.....

Licensed Embalmer No. *303*

P. O. Address *O. S. S. S.*

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.