

FILED SEP 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27297

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moherly</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	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 <u>McCormick Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0109</u>	
3. NAME OF DECEASED (Type or Print) <u>ELMO</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>TAYLOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 27 - 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-11-1880</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas F. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Fountain</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie Finlay</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elmo Taylor, Sturgeon, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Subdural Hemorrhage</u>		<u>3 days</u>
DUE TO (c) <u>Concussion of brain</u>		<u>3 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>E9028</u> <u>45</u>	

19a. DATE OF OPERATION <u>8-24-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Multiple lacerations of head</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sturgeon Boone Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 24, 1955 6:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>head Stumbled and fell into an open ditch first.</u>

22. I hereby certify that I attended the deceased from Aug. 24, 1955, to Aug 27, 1955, that I last saw the deceased alive on Aug. 27, 1955, and that death occurred at 8:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nearry J. Stewart</u>	23b. ADDRESS <u>Sturgeon, Missouri</u>	23c. DATE SIGNED <u>8-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sturgeon, Boone, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/29/55</u>	REGISTRAR'S SIGNATURE <u>Reah Lowe 269-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill W. Meadows, Sturgeon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OFFICE OF THE
STATE BOARD OF
HEALTH

JUL 13 1956

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 *Bill J. Mendenhall*.....

Licensed Embalmer No. *4877*

P. O. Address *Sturgeon*

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.