

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30414

State File No. \_\_\_\_\_

FILED SEP 30 1955

|  |   |   |   |   |
|--|---|---|---|---|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>280</u>   | PRIMARY REG. DIST. NO. <u>6960</u>  | Registrar's No. <u>64</u>   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Platte</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Platte</u>   |   |   |
| b. CITY OR TOWN <u>Camden Point</u>  |   | c. CITY OR TOWN <u>Camden Point</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| c. LENGTH OF STAY (in this place) <u>Life</u>  |   | e. STREET ADDRESS (If rural, give location) <u>N. of Camden Point, Mo. 0850</u>   |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>  |   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) <u>ALDA TAYLOR</u>  |   | a. (First)  | b. (Middle)   | c. (Last)   |
| 4. DATE OF DEATH <u>Sept. 14, 1955</u>   |   |   |   |   |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>                             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>March 20, 1878</u>  | 9. AGE (In years last birthday) <u>77</u>   |
| 10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County; Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13a. FATHER'S NAME <u>John Anderson</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Lucy Sowder</u>  | 14. NAME OF HUSBAND OR WIFE <u>Albert Taylor</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>   |   | 16. SOCIAL SECURITY NO. <u>X</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Taylor</u> ADDRESS <u>Camden Point, MO.</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c) <u>331X</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>25 days</u><br><u>2 years</u>                |
|  |   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholelithiasis</u>   |   | <u>6 weeks</u>  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>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) m.   |   | 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 <u>Aug 1, 1955</u> , to <u>Sept. 14, 1955</u> , that I last saw the deceased alive on <u>Sept. 14, 1955</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. |   |   |   |   |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)  |   | 23b. ADDRESS <u>Deerborn Mo</u>   | 23c. DATE SIGNED <u>9-16-55</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>Sept. 17, 1955</u>                       | 24c. NAME OF CEMETERY OR CREMATORY <u>Camden Point Cem.</u>   | 24d. LOCATION (City, town, or county) (State) <u>Camden Point Mo.</u>   |   |
| DATE REC'D BY LOCAL REG. <u>9-17-55 h.h.</u>   | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>257-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughn &amp; Aufreng; Deerborn, Mo.</u>   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48



**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 *W. R. Vaughn*.....

Licensed Embalmer No. *402*

P. O. Address *Weston*

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.