

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39759**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1292**

1. PLACE OF DEATH a. COUNTY Duchanow		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Clarend	
b. CITY (If outside corporate limits, write RURAL and give town or township) Or Joseph	c. LENGTH OF STAY (in this place) 6 1/2 yrs 19 days	c. CITY OR TOWN Kahoka	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2		e. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) _____ c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH not given abt 88
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME H.P. Taylor	
13b. MOTHER'S MAIDEN NAME not given		14. NAME OF HUSBAND OR WIFE _____	
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. none	17. INFORMANT'S SIGNATURE OR NAME Miss Evelyn Taylor ADDRESS Glendale Calif.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis DUE TO (c) 4221	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Dementia Praecox	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH years +	
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 1, 1953 , to Dec 8, 1955 , that I last saw the deceased alive on Dec 8, 1955 , and that death occurred at 2:37 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jonest Thomas MD (Degree or title)		23b. ADDRESS 44 So. Mo. State Hosp 702	23c. DATE SIGNED 12/8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/10/55	24c. NAME OF CEMETERY OR CREMATORY Kirksville School	24d. LOCATION (City, town, or county) (State) Kirksville, Mo
DATE REC'D BY LOCAL REG. Dec 12, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp ADDRESS St Joseph	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allan E. Bazan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.