

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40342**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Fayette, Mo.</b>		c. LENGTH OF STAY (In this place) <b>7 weeks</b>	c. CITY OR TOWN <b>Fayette</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		STREET ADDRESS (If rural, give location) <b>Richmond Twp. R. R. 5</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WIGHT</b>	b. (Middle) <b>TODD</b>	c. (Last) <b>TAYLOR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 6, 1875</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Neri P. Todd</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Afflick</b>	14. NAME OF HUSBAND OR WIFE <b>William Harrison Taylor</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>William H. Taylor</b>	ADDRESS <b>Fayette, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 m.</b> <b>2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b> ANTECEDENT CAUSES <b>hypertension</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>332x</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan, 1954, to Dec 24, 1955, that I last saw the deceased alive on Dec 24, 1955 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Taylor</b> (Degree or title) _____	23b. ADDRESS <b>Fayette, Mo</b>	23c. DATE SIGNED <b>12-30-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/26/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roanoke Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Roanoke, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-30-55</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shello</b>	436	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. W. Carr</b>	ADDRESS <b>Fayette, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Case*.....

Licensed Embalmer No. *33*

P. O. Address *Jayette,*

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.