

No. 300  
70-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21006

State File No. ....

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 76

1. PLACE OF DEATH a. CITY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>		c. LENGTH OF STAY (in this place) <u>7da.</u>	c. CITY OR TOWN <u>Knobnoster</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</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 (If rural, give location) <u>Warrensburg Medical Center</u>		e. STREET ADDRESS <u>Knobnoster. MO. 0510</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Taylor.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June. 21, 1956.</u>
-------------------------------------	------------------------	-----------------------------	--------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 2, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Schools</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sam Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Earl Taylor. Hutchinson. Kan.</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>Coronary Occlusion</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolus</u> DUE TO (c) <u>Thrombus of pelvic veins</u>		<u>1 day</u> <u>6 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto accident with multiple fractures</u>		<u>7 days.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, in street, office bldg., etc.) <u>on highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>051</u> (COUNTY) _____ (STATE) _____
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June. 14 1956. 9:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident on way to farm</u>
---	--	--

22. I hereby certify that I attended the deceased from 6-14, 1956, to 6-21, 1956, that I last saw the deceased alive on 6-21-56, 1956, and that death occurred at 8:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David R. Holmes</u>	23b. ADDRESS <u>M. B. Warrensburg. Mo.</u>	23c. DATE SIGNED <u>6-23-56.</u>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerview</u>	24d. LOCATION (City, town, or county) (State) <u>Centerview. MO.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 23, 1956</u>	REGISTRAR'S SIGNATURE <u>Savannah Cuthfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips. Warrensburg. MO.</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

470

9561 0 1 50W  
AUG 10 1956

9561 # 2 7041  
JUL 24 1956

COPIED  
JUN 25 1956  
JOHNSON COUNTY HEALTH

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 *P. A. Phillips*.....

Licensed Embalmer No. *7320*

P. O. Address *Warrensburg*

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.