

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21098**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4287** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. CITY OR TOWN Troy	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 yr.		e. STREET ADDRESS (If rural, give location) 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION In his home (If not in hospital or institution, give street address or location)			
3. NAME OF DECEASED (Type or Print) a. (First) JOSHUA b. (Middle) _____ c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) June 12 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3 1873
9. AGE (In years last birthday) 82 Months 11 Days 9		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Emp. of Troy City Works (Ret)		11. BIRTHPLACE (City and State or Foreign Country) Brussels MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Addison Taylor		13b. MOTHER'S MAIDEN NAME Margaret Cunningham	
14. NAME OF HUSBAND OR WIFE Bertha Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Bertha Taylor		ADDRESS Troy MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver		
		ANTECEDENT CAUSES		
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
		Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	5810	
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 MARCH 1, 1956, to JUNE 12, 1956, that I last saw the deceased alive on June 11, 1956, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Addison Humboldt	23b. ADDRESS Troy Mo.	23c. DATE SIGNED 6/13/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 14, 56	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery
		24d. LOCATION (City, town, or county) (State) Troy MO.

DATE REC'D BY LOCAL REG. 6-16-1956	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Wayne M. Boy	ADDRESS Troy Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

620

OCT 31 1950

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 *Wayne M. Gray*
Licensed Embalmer No. *3518*

P. O. Address *Jury*

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.