

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

State File No. **23272**

No. 300
10-48

FILED AUG 15 1956

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **21**

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| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | |
| d. CITY (If outside corporate limits, write RURAL and give township) Malden | | c. CITY OR TOWN Malden | d. Is 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) 9 yrs. | | e. STREET ADDRESS (If rural, give location) 305 S. Graham | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 305 S. Graham | | 035/0 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ANDERSON c. (Last) TAYLOR | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 30, 1956 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 30, 1877 | 9. AGE (in years last birthday) 79 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Tennessee | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Joe Taylor | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Ida Taylor |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie James, Campbell | ADDRESS Missouri |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours 2 1/2 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia | | |
| | ANTECEDENT CAUSES Carcinoma, stomach | | |
| | 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. | | |

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| 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) 151X |
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| 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? |
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22. I hereby certify that I attended the deceased from March, 1954, to 30 July, 1956, that I last saw the deceased alive on 30 July, 1956, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Charles S. Williams</i> | (Degree or title) M.D. | 23b. ADDRESS Malden, Mo. | 23c. DATE SIGNED 1 Aug 56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 1, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 24d. LOCATION (City, town, or county) (State) Malden, Missouri |
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| DATE REC'D BY LOCAL REG. 8-7-56 | REGISTRAR'S SIGNATURE <i>J. D. Schuman</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 8-
COUNTY FILE NUMBER 8

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 *Christina M. Land*

Licensed Embalmer No. *427*

P. O. Address *Campbell*

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.