

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27407

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3027 Registrar's No. 87

0501 3  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Crystal City</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Rural Festus</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Pittsburgh Plate Glass Co.</b>		e. STREET ADDRESS (If rural, give location) <b>Bluff City, Horine Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) _____ c. (Last) <b>Taylor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 17, 1956</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 10, 1900</b>	9. AGE (In years last birthday) <b>56</b>	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) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Glass Industry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ripley, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James R. Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Josie Anes</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Irene Mizell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W.W. 1</b>	16. SOCIAL SECURITY NO. <b>489-03-3854</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clarence Taylor</b> ADDRESS <b>Rte 2, Festus, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES		
	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"/>
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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) <b>4201</b>
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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 8-9, 1947, to 8-17, 1956, that I last saw the deceased alive on 8-17, 1956, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. D. ...</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Crystal City, Mo.</b>	23c. DATE SIGNED <b>8-20-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, M.</b>
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DATE REC'D BY LOCAL REG. <b>8-22-56</b>	REGISTRAR'S SIGNATURE <b>Paul G. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Fun'l. Homes, Inc., Festus, Mo.</b> ADDRESS _____
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 6  
1956

AUG 28 1956

1956

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.....

*Donald H. Wenzel*

Licensed Embalmer No. *46.00*

P. O. Address *St. Louis, Mo.*

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.