

STANDARD CERTIFICATE OF DEATH

State File No. **31700**

FILED OCT 2 1956

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town) Humansville		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Stockton
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Memorial Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 404 W. Spring St.		(If rural, give location) 0288 / 1	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 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 Dec. 1, 1869	9. AGE (In years last birthday) 86	If UNDER 1 YEAR Months 9 Days 7	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Elsie J. Putnam	14. NAME OF HUSBAND OR WIFE Virginia Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia Taylor, Stockton, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis -		
	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 Chronic Prostatitis & Urinary Retention			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Retention	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) (Min.)	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 **9/5, 1956**, to **9/8, 1956**, that I last saw the deceased alive on **9/8, 1956**, and that death occurred at **8:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. G. Roberson (Degree or title) (D)	23b. ADDRESS Humansville Mo.	23c. DATE SIGNED 9/14/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-56	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. 9-24-1956	REGISTRAR'S SIGNATURE Ralph Gordon Jewell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carlton Funeral Home, Stockton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer & Funeral Director on Reverse Side)

Day 3 1958

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.....
John C. Cantlon

Licensed Embalmer No. 438

P. O. Address Stockton, Ca.

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.