

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37335**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 2240 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Cedar		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 OR TOWN Rural, Washington Twp.)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles N. of Stockton		e. STREET ADDRESS (If rural, give location) 7 Miles N. of Stockton <u>2200</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) BURTON	c. (Last) TAYLOR	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16, 1874	9. AGE (In years last birthday) 82
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) Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME William J. Taylor	13b. MOTHER'S MAIDEN NAME Hannah Owens	14. NAME OF HUSBAND OR WIFE Gillie Taylor
--------------------------------------	--	---

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. 500-05-9386	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gillie Taylor, Stockton, Mo.	ADDRESS
---	-------------------------------------	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac asthma</u> DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
18. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Nov. 10, 1956 to Nov. 12, 1956 that I last saw the deceased alive on Nov. 12, 1956 and that death occurred at 4 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Date of Signature) _____	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>11-13-56</u>
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-1956	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
--	----------------------	---	---

DATE REC'D BY LOCAL REG. 11-17-56	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Centon Funeral Home, Stockton, Mo.</u>
-----------------------------------	--	---	---

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

540

---

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 A. Cantlon*

Licensed Embalmer No. *438*

P. O. Address *Stockton*

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.