

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **42586**

FILED JAN 10 1957

Registration District No. **316** Primary Registration District No. **3059** Registrar's No. **457**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre</b> <b>0940</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BeonnenTerre Hosp. 3da.</b>		d. STREET ADDRESS <b>212 Oak</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Kresenz</b> Middle <b>Ruby</b> Last <b>Taylor</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>29</b> Year <b>1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 2, 1884</b>	9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Month <b>11</b> Days <b>27</b> IF UNDER 24 HRS.: Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>		11. BIRTHPLACE (City and state or country) <b>Greenfield, Indiana</b>	
13. FATHER'S NAME <b>John Richard Johnson</b>			14. MOTHER'S MAIDEN NAME <b>Eleanor McConnell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-03-8711</b>		17. INFORMANT Address <b>0.0. Taylor Bonne Terre, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral atrophy.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized.</b> DUE TO (c) <b></b>		<b>?</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Adneo-carcinoma of colon.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>334XH</b>		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Bonne Terre, Missouri</b>		

21. I attended the deceased from <b>October, 1954</b> to <b>December, 1956</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Dec. 29, 1956</b> Death occurred at <b>12:29</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) 	22b. ADDRESS <b>Bonne Terre, Missouri</b>	22c. DATE SIGNED <b>1-2-57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/1/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Boyer*Benham Bonne Terre, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 2, 1957</b>	26. REGISTRAR'S SIGNATURE 

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *P. T. Soyler*.....

Licensed Embalmer No. *3*.....

P. O. Address *Leslo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.