

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25409

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 29

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Marion	a. STATE	Missouri b. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Palmyra	c. CITY OR TOWN	Palmyra
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
North Lane St.		(If outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
Annie Bell Taylor			Month 7 Day 27 Year 57		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY
Female	Colored	WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	1/8/1876	81	housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
housewife			Edina, Mo.		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Spencer Irvine			Harriet Ellis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No				Pearl French	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TERMINAL PNEUMONIA</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CEREBRAL VASCULAR Accident</u>	1 week
	DUE TO (c) <u>Hypertensive Cardio Vasculor Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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.)
	—
20c. TIME OF INJURY	20d. INJURY OCCURRED
Hour Month, Day, Year	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
a. m. p. m.	20f. CITY, TOWN, OR LOCATION
	COUNTY STATE

21. I attended the deceased from <u>July 9, 1957</u> and last saw her alive on <u>July 26, 1957</u>	
Death occurred at <u>8:00 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
Cornelius Welch, M.D.	Hannibal, Mo
22c. DATE SIGNED	
8-3-57	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR REPOSITORY	23d. LOCATION (City, town, or county) (State)
Burial	7/30/57	Greenwood	Palmyra, Marion, Mo.
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
A. J. Guague	Palmyra	8-6-57	Dr. C. M. Lische By Viola Lee, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Health, Welfare, and Social Service

100-56

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RECEIVED AUG 9 1957
MARION CO. HEALTH DEPT.
DATE FILED AUG 9 1957

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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 E. J. Shroyer.....

Licensed Embalmer No. 32

P. O. Address Palmyra

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.