FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27317
STATE FILE NUMBER

Registration District No. 370 Primary Registration District No. 45-30 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Worth
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Sheridan — Inside Limits Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Worth
c. CITY OR TOWN Sheridan 1130 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Rachel Middle Levina Taylor Last

4. DATE OF DEATH: Month July Day 18 Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept. 17, 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Union, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis Rowe
14. MOTHER'S MAIDEN NAME: Mary Midkiff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Oakley Rowe Address: Sheridan, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: (a) ----- (b) 10yrs (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956 to July 13, 1957 and last saw her/him alive on 5JULY 57
Death occurred at about 10P m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank B Matheson MD Coroner 3
22b. ADDRESS: Grant City, Missouri
22c. DATE SIGNED: 7-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-15-1957
23c. NAME OF CEMETERY OR CREMATORY: Sheridan Cemetery
23d. LOCATION (City, town, or county) (State): Sheridan, Missouri

24. FUNERAL DIRECTOR ADDRESS: Bill Dunfee-Grant City, Mo
25. DATE RECD. BY LOCAL REG.: 7-18-1957
26. REGISTRAR'S SIGNATURE: Lota E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300 . 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4-9

P. O. Address Grant C
M

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