Health, & Welfare Public Service

S. 300 1-57

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32738

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Julia Middle Ann Last Tayler

4. DATE OF DEATH: Month September Day 25 Year 1957

5. SEX Female 3

6. COLOR OR RACE Colored

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH January 26, 1870

9. AGE (In years last birthday) 87 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Callaway County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME (Unknown) Jones

13b. MOTHER'S MAIDEN NAME Lucy Talfre

14. NAME OF HUSBAND Charlie Tayler

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.

17. INFORMANT Carrie Belle Carter Address Montgomery City, 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) Myocardial degeneration with decompensation. — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO, (b) Arterioscleros is Heart disease — Several years
DUE TO (c) ---
4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
General Arteriosclerosis, Secondary, Anemia and s enility.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 May 20, 1953 to Se pt. 25, 1957 and last saw her alive on Sept. 24, 1957
Death occurred at 3 a.m., Sept. 25, 1957 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Thompson (Degree or title) DO

22b. ADDRESS Neel Florence Mo

22c. DATE SIGNED Sept 27 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 28, 1957

23c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery

23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri

24. FUNERAL DIRECTOR Schlanker Funeral Home ADDRESS Montgomery City, Mo.

25. DATE RECD. BY LOCAL REG. 10-7-57

26. REGISTRAR'S SIGNATURE Thomas C. Dundon

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed E. Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.