

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34704**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>357</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY OR TOWN <u>Wyaconda</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)	
a. (First) <u>Morris</u>		b. (Middle)		c. (Last) <u>Tayman</u>		Date (Month) (Day) (Year) <u>Oct. 1, 1957</u>	
6. SEX <u>M</u>		7. COLOR OR RACE <u>W</u>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. DATE OF BIRTH <u>Dec. 20, 1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopathic Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Tayman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah B. Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Helen G.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>George P. Tayman</u>		18. ADDRESS <u>Topeka, Kans.</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Cardiac De-compensation</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiac De-compensation</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
		II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Cardiac De-compensation</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		DUE TO (b) <u>Cardiac De-compensation</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
22. I hereby certify that I attended the deceased from <u>Jan 16, 1956</u> , to <u>10-1-</u> , 1957, that I last saw the deceased alive on <u>9-30</u> , 1957, and that death occurred at <u>2:00 P.M.</u> , from the causes, and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>10-1-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Oct. 2, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. <u>10-14-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Pateff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyeth & Baskett Wyaconda</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Fred Luth*

Licensed Embalmer No. *41*

P. O. Address *Memph*

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.