

Don E. Taylor

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41937
State File No. 140
Registrar's No. 140

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|---|--|---|--|--|--|---|--|
| BIRTH NO. <u>FILED JAN 6 1950</u> | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>3049</u> | | Registrar's No. <u>140</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Missouri Pemisart</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pemisart</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> | | c. LENGTH OF STAY (In this place) <u>1</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> | | <u>78</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>B</u> | | c. (Last) <u>Allbright</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | | 8. DATE OF BIRTH <u>Feb 16, 1865</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10. UNDER 1 YEAR <u>10</u> | | 11. UNDER 1 HRS. <u>4</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of last year, or if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | | 11. BIRTHPLACE (State or foreign country) <u>Marquand Mo D</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joshua Allbright</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>L. J. Allbright</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss L. J. Allbright Hayti Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Vitamin Deficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>3 yr.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 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) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>23 Nov, 1949</u> to <u>20 Dec., 1949</u> , that I last saw the deceased alive on <u>19 Dec., 1949</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edward L. Taylor M.D.</u> | | | | 23b. ADDRESS <u>Hayti, Mo.</u> | | 23c. DATE SIGNED <u>21 Dec 49</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-21-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-28-49</u> | | REGISTRAR'S SIGNATURE <u>John St. German</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John St. German</u> | | ADDRESS <u>Hayti, Mo.</u> | |

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

1-50-8

RECEIVED
JAN 2 1951

JAN 3 REC'D

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
Student Embalmer

Signed _____

John St German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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 this body is not embalmed, fact should be so stated above.