

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40488**

FILED JAN 9 1951

**65**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chilhowee</b>	
c. LENGTH OF STAY (in this place)		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gray Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>Eliza</b>	c. (Last) <b>Taylor</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Dec. 30, 1950</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>April 14, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Johnson Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas L. Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Rice</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anno Brown, Chilhowee, Mo.</b>	ADDRESS <b>Chilhowee, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompositio</b>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 30, 1950**, to **Dec 30, 1950**, that I last saw the deceased alive on **12-30**, 19**50**, and that death occurred at **11:20 AM** from the causes and on the date stated above.

23a. SIGNATURE <b>Roy B. Jordan, M.D.</b> (Degree or title)	23b. ADDRESS <b>Windsor Mo</b>	23c. DATE SIGNED <b>1-2-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 1, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Piggah</b>	24d. LOCATION (City, town, or county) (State) <b>Near Chilhowee, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 1-1951</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cook Funeral Home, Chilhowee, Mo.</b>	ADDRESS <b>Cook Funeral Home, Chilhowee, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4214

RECEIVED / 8-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-8-51

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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 .....  
Student Embalmer

Signed J. W. Coak

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.