

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13521  
Registrar's No. 730No. 300  
10.4894  
3

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

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 730	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. LENGTH OF STAY (in this place) U		c. CITY (If outside corporate limits, write RURAL and give township) 94 OR TOWN FARMINGTON 4			
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL				d. STREET ADDRESS (If rural, give location) U			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) L. c. (Last) TAYLOR			4. DATE OF DEATH April 8, 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 10, 1896	
9. AGE (in years last birthday) 52		10. MONTHS 11		10. DAYS 28		11. BIRTHPLACE (State or foreign country) MORLEY MO. U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYED AT RICE STIX SHIRT FACTORY				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT TAYLOR		13b. MOTHER'S MAIDEN NAME ANNA MENLEY		14. NAME OF HUSBAND OR WIFE BERTHA REYNOLDS			
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. 488-03-7404		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Taylor Farmington Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coroner jury verdict: due to gunshot wound inflicted by his own hand ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) his own hand DUE TO (c) Head shot in head. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  E 976 X	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington St. Francois Mo.			
21d. TIME OF INJURY April 8, 1949 8:30 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot wound in head			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Berd Miller 3 coroner				23b. ADDRESS Farmington, Mo		23c. DATE SIGNED 4/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-49		24c. NAME OF CEMETERY OR CREMATORY Parkview		24d. LOCATION (City, town, or county) (State) near Farmington Mo.	
DATE REC'D BY LOCAL REG. Apr. 11, 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE C. Cozart		ADDRESS Galt Springs Mo.	

(Licensed Embalmers' Statement on Reverse Side)

FEB 15 1949

RECEIVED

Health Officer No. 4

Number 449-

4-18-49

MAY 5 1949

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.

Signed *A. J. Cozart*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.