

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44671

State File No. ....

FILED FEB 1 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 1

692  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> : <u>0672</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>600 S. Green Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 S. Locust St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ruby</u> c. (Last) <u>Taylor - Cobb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1952</u>		
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5. SEX <u>3</u> <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>March 3, 1920</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Months Year <u>32</u> <u>9</u> <u>21</u>		IF UNDER 24 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ridgely, Tenn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Manson Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Sanders</u>			14. NAME OF HUSBAND OR WIFE		
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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) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Taylor, S. Green, Charleston, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND IN RIGHT FOREHEAD - BELOW HAIRLINE</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ <u>INFLECTED BY UNKNOWN ASSAILANT</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 <u>E981X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET - CITY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHARLESTON, MISS., MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-24-52 6:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ASSAULT</u>	

22. I hereby certify that I attended the deceased from AS CORONER ONLY, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Type or Print)		23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>12-26-52</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak GROVE Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		432 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. D. Sparks Charleston, Mo.</u>	
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JAN 29 RECEIVED

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Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JAN 30 1953

1953 FEB 2

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.