

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4352 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) Gideon	c. LENGTH OF STAY (in this place) 40 Yrs	c. CITY OR TOWN Gideon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home		f. STREET ADDRESS (If rural, give location) 0720	

3. NAME OF DECEASED (Type or Print) a. (First) Monville b. (Middle) Louise c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year) 9 5 1955					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19-1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Gideon, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Horace Wade McNew	13b. MOTHER'S MAIDEN NAME Pauline Felker	14. NAME OF HUSBAND OR WIFE Hershel Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harry McNew
		ADDRESS Gideon, Missouri

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) malignant hypertension		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 445x		
	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"/>
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950, to Sept 5 1955, that I last saw the deceased alive on 9-4, 1955 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. F. Hopkins, M.D.	(Degree or title)	23b. ADDRESS Gideon, Mo	DATE SIGNED 9-7-55
24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 9-7-1955	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.

DATE REC'D BY LOCAL REG. 9-7-55	REGISTRAR'S SIGNATURE M. F. Hopkins	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Piggott, Ark.	ADDRESS
-------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------	---------

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED SEP 12 1955
NEW MADRID CO. HEALTH CENTER

St. 1 P. J. L.

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 Clayton L. Linnell
Licensed Embalmer No. 509

P. O. Address Piggott, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.