

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31595**

Dr. Chapman
FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u> c. LENGTH OF STAY (in this place) <u>1 year</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY OR TOWN <u>Steele</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0780</u>																	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>Lee</u> c. (Last) <u>Taylor Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-56</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct 7 1912</u>		9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Holland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harvey Taylor</u>				13b. MOTHER'S MAIDEN NAME <u>Vesti May</u>				14. NAME OF HUSBAND OR WIFE _____													
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 <u>Vesti Taylor</u>				ADDRESS <u>Steele 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Streptococcus</u> DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH _____									
18a. DATE OF OPERATION _____				18b. 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) <u>491 X Steele Mo</u>													
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? _____													
22. I hereby certify that I attended the deceased from <u>9-14-1956</u>, to <u>9-14-1956</u>, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.																					
23a. SIGNATURE <u>Dr. Chapman M.D.</u> (Degree or title)								23b. ADDRESS <u>Steele, Mo</u>				23c. DATE SIGNED <u>9-21-56</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>9-14-56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>				24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>									
DATE REC'D BY LOCAL REG. <u>9-21-56</u>				REGISTRAR'S SIGNATURE <u>J. P. Kierman</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman and Co.</u>				ADDRESS <u>Steele, Mo</u>									

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9-244-56

SÉP 24 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.....
John G. German

Licensed Embalmer No. *435*

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