

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42225

STATE FILE NUMBER

FILED DEC 18 1956

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 58

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1. PLACE OF DEATH a. COUNTY <u>Monroe.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson Township</u>		c. CITY OR TOWN <u>Perry, Mo. R.F.D. A</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stoutsville</u>		d. STREET ADDRESS <u>Rural (Salt River Twp.)</u>	

3. NAME OF DECEASED (Type or print) First <u>CLAUDE</u> Middle <u>KENNETH</u> Last <u>TAYLOR.</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 4, 1934</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>11</u> Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stave cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>	11. BIRTHPLACE (City and state or country) <u>Ralls Co, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>William Taylor</u>	14. MOTHER'S MAIDEN NAME <u>Julia Lee Nichols.</u>
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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. <u>496-38-5443</u>	17. INFORMANT <u>Wm Taylor Perry, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head and Chest Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile Accident</u>
20c. TIME OF INJURY Hour <u>9:10</u> Month <u>12</u> Day <u>4</u> Year <u>1956</u> a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 24</u>	20f. CITY, TOWN, OR LOCATION <u>Stoutsville & Monroe Missouri</u>	COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at about 9:10 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Russell M. Wilson</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Monroe City, Missouri</u>	22c. DATE SIGNED <u>12/5/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-8-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plesant Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ralls Co, Mo.</u>
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24. FUNERAL DIRECTOR <u>Clyde G. Wilkey</u> ADDRESS <u>Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-56</u>	26. REGISTRAR'S SIGNATURE <u>D. A. Barnett M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot carry

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- 20 -

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 Me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester L. Wilson.....

Licensed Embalmer No... 30

P. O. Address... Monroe Ci.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.