Health, Welfare Public Service

0411

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44998

23181-56 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Bethany — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Reed Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany 0380 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

0

3. NAME OF DECEASED (Type or print) First: Sheryl Middle: Dianne Last: Taylor

4. DATE OF DEATH Month: April Day: 20 Year: 1956

5. SEX Female

6. COLOR OR RACE White 1

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ 0 **DIVORCED** ☐

8. DATE OF BIRTH Apr. 20-56

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (City and state or country) D

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jack Taylor Jr.

14. MOTHER'S MAIDEN NAME Glenda Lee Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address: Jack Taylor Jr. Albany, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Promature Infant~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~2 hrs~~

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) 776X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-20-56, to 4-20-56 and last saw ~~her~~ him alive on 4-20-56
Death occurred at 10:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O. 2

22b. ADDRESS Reid Hosp. Bethany, Mo.

22c. DATE SIGNED 3-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Apr. 21-56

23c. NAME OF CEMETERY OR CREMATORY Grandview

23d. LOCATION (City, town, or county) (State) Albany, Mo.

24. FUNERAL DIRECTOR Brooks Funeral Home ADDRESS Albany, Mo.

25. DATE RECD. BY LOCAL REG. Mar 2-57

26. REGISTRAR'S SIGNATURE Zola Burris

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford Brooks.....

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

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.