FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

146

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5043 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Barry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seligman — Inside Limits Yes X No ☐	c. CITY OR TOWN Seligman 0050 0 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ESTENATH Middle Last TAYLOR

4. DATE OF DEATH: Month Jan. Day 16, Year 1957

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Dec. 18, 1889

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 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: home

11. BIRTHPLACE (City and state or country): Springdale, Arkansas 1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Woodruff

14. MOTHER'S MAIDEN NAME: Susie Nickum

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.: no

17. INFORMANT Address: Estel Taylor-Seligman, Missouri

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) Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Asthma

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 241X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 3

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 Barry COUNTY STATE Mo.

21. I attended the deceased from Nov. 1-56, to Jan 16 57 and last saw her/him alive on Jan 16-57

Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas. R. Brown D.O. 2

22b. ADDRESS: Seligman Mo.

22c. DATE SIGNED: Jan 10-57

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

23b. DATE: 1-19-1957

23c. NAME OF CEMETERY OR CREMATORY: Gateway Cemetery

23d. LOCATION (City, town, or county) (State): Gateway, Arkansas

24. FUNERAL DIRECTOR ADDRESS: Culver's Funeral Home-Cassville,

25. DATE RECD. BY LOCAL REG.: 1-25-1957

26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 157-15

DATE REC. 1-28-57

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4.5

P. O. Address. Cassville

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