

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5709

State File No. ....

FILED MAR 14 1957

|                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                              |  |                                                                                                                                      |  |
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| BIRTH NO. ....                                                                                                                                                                                                                                                                   |  | REG. DIST. NO. <u>273</u>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | PRIMARY REG. DIST. NO. <u>3051</u>                                                                                                           |  | Registrar's No. <u>15</u>                                                                                                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>PERRY</u>                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>PERRY</u> |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>PERRYVILLE</u>                                                                                                                                                                                |  | c. LENGTH OF STAY (in this place)                                                                                                                                                                                                                                                                                                                                                                                                                              |  | c. CITY OR TOWN <u>SERENO</u><br><u>0590</u>                                                                                                 |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY COUNTY MEMORIAL HOSPITAL</u>                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | e. STREET ADDRESS (If rural, give location)<br><u>PERRYVILLE, R.3.</u>                                                                       |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>FLOY</u>                                                                                                                                                                                                                 |  | b. (Middle) <u>MARIE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | c. (Last) <u>TAYLOR</u>                                                                                                                      |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>FEBRUARY 15, 1957</u>                                                                    |  |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                             |  | 6. COLOR OR RACE <u>WHITE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>                                                                     |  | 8. DATE OF BIRTH<br><u>JULY 2, 1889</u>                                                                                              |  |
| 9. AGE (In years last birthday) <u>67</u>                                                                                                                                                                                                                                        |  | 10. MONTHS <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. DAYS <u>0</u>                                                                                                                            |  | 12. HOURS <u>0</u>                                                                                                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>                                                                                                                                                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>PERRY COUNTY, MO. 0</u>                                                             |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                        |  |
| 13a. FATHER'S NAME<br><u>ELI TUCKER</u>                                                                                                                                                                                                                                          |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARGARET McBRIDE</u>                                                                                                                                                                                                                                                                                                                                                                                                           |  | 14. NAME OF HUSBAND OR WIFE<br><u>ARTHUR J. TAYLOR</u>                                                                                       |  |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>NO</u>                                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO.<br>(If yes, give war or dates of service)                                                                                                                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>ARTHUR J. TAYLOR, PERRYVILLE, MO.</u>                                                                |  |                                                                                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio sclerotic heart Disease</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1d.</u><br><u>1-2 yrs.</u>                                                                    |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                           |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4200                                                                                                                                         |  | 20. AUTOPSY?<br>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>2</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>2-9</u> , 19 <u>57</u> , to <u>2-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>57</u> , and that death occurred at <u>9:15A.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                              |  |                                                                                                                                      |  |
| 23a. SIGNATURE (Degree or title)<br><u>J. H. Fairchild, M.D.</u>                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 23b. ADDRESS<br><u>Perryville, Mo.</u>                                                                                                       |  | 23c. DATE SIGNED<br><u>2-16-57</u>                                                                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                                       |  | 24b. DATE<br><u>FEB. 19, 1957</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>MT. HOPE CEMETERY</u>                                                                               |  | 24d. LOCATION (City, town, or county) (State)<br><u>PERRYVILLE, MO.</u>                                                              |  |
| DATE REC'D BY LOCAL REG.<br><u>Feb 19-57</u>                                                                                                                                                                                                                                     |  | REGISTRAR'S SIGNATURE<br><u>Jose J. Zellner</u>                                                                                                                                                                                                                                                                                                                                                                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Albert Wey, Perryville, Mo.</u>                                                                       |  | ADDRESS                                                                                                                              |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 138

P. O. Address..... Perryville,

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.