

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8084

State File No.

Registrar's No. 43

FILED APR 8 - 1957

BIRTH NO. 13298-57

REG. DIST. NO. 82

PRIMARY REG. DIST. NO. 3017

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Boonville)
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville
Is Residence within limits of city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First) Danny b. (Middle) Ray c. (Last) Taylor
4. DATE OF DEATH (Month) (Day) (Year) April 1 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -----
8. DATE OF BIRTH April 1 1957
9. AGE (In years last birthday) 30 min 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) -----
10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Glen L. Taylor
13b. MOTHER'S MAIDEN NAME Aretha Mae Ackerson
14. NAME OF HUSBAND OR WIFE -----

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. -----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen L. Taylor, Boonville, Mo. R2

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 mo gestation)
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Erythroblastosis
DUE TO (c) -----
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO 7705

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1957, to 1-1-1957, that I last saw the deceased alive on 1-1-1957, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE T. C. Beckett M.D. (Degree or title)
23b. ADDRESS Boonville Mo
23c. DATE SIGNED 4-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 2 1957
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) (State) Boonville, Missouri.

DATE REC'D BY LOCAL REG. 4/2/57
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

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, or by Student Embalmer No. working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed..... *William W. Wood*

Licensed Embalmer No. *453*

P. O. Address *Bonville*

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.