FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021958
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Miles E.Lilbourn — Length of stay in Hospital 2 Wks.

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

3. NAME OF DECEASED (Type or print) First Roosevelt Middle ------- Last Taylor
4. DATE OF DEATH Month June Day 30 Year 1957
5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Unknown
8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Approx. 35 — 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) Day Labor
10b. KIND OF BUSINESS OR INDUSTRY ------ ------
11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 413-34-1860
17. INFORMANT Papers found on Body Address

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) No medical attendant, by all records
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) death was due to gunshot
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 981X
INTERVAL BETWEEN ONSET AND DEATH
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.) Shot in chest with 22 pistol
20c. TIME OF INJURY Hour 3.00 a. m. Month, Day, Year June 30, 57
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.) Farm
20f. CITY, TOWN, OR LOCATION Lewis Twp COUNTY New Madrid STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L. Hedgpeth (Degree or title) Coroner
22b. ADDRESS New Madrid, Missouri
22c. DATE SIGNED July 2 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 1 57
23c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery
23d. LOCATION (City, town, or county) (State) New Madrid, Missouri
24. FUNERAL DIRECTOR Richards Undertaking Co. ADDRESS New Madrid, Mo.
25. DATE REC'D BY LOCAL REG. 7-5-57
26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED JUL 8 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

**STATEMENT BY LICENSED EMBALMER**

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

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

working under my personal supervision..

Student..... Signed Tommy L. Doherty
Signature of Student Embalmer

Licensed Embalmer No. 48

P. O. Address New Mad

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.