

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019192
STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>		c. CITY OR TOWN <u>BLOOMSBURG MO</u> 0953 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u> Length of stay in 1b <u>3 WEEKS</u>		d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>AUGUSTUS</u> Last <u>TAYON</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>23</u> Year <u>1958</u>	
5. SEX <u>MALE</u> 0	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 4 1886</u> 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHEMICAL PLANT</u>	
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN TAYON</u>		14. MOTHER'S MAIDEN NAME <u>MARY MARECHAL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-03-5427</u>	
17. INFORMANT <u>Helen Tayon, Sister, Mrs. Star Route</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EDEMA</u> DUE TO (b) <u>HYPERTENSIVE AND ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE</u> DUE TO (c) <u>CHRONIC BRONCHIECTASIS AND EMPHYSEMA</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>AZOTEMIA</u> 526X			INTERVAL BETWEEN ONSET AND DEATH <u>2 DAY</u> <u>5 YEARS</u> <u>6 YRS</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>3 P.M.</u> Month, Day, Year <u>APRIL 23 1958</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>10-30-57</u> to <u>4-23-58</u> and last saw him alive on <u>4-23-58</u> Death occurred at <u>3 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. H. De Sours</u> MD 0		22b. ADDRESS <u>Ste Genevieve, Mo</u>	
22c. DATE SIGNED <u>4-25-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>APRIL 26 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>		23d. LOCATION (City, town, or county) (State) <u>FESTUS MO</u>	
24. FUNERAL DIRECTOR <u>Geo. C. Ashby, Ste. Genevieve, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-25-58</u>	
26. REGISTRAR'S SIGNATURE <u>Joel Zollner</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

MEDICAL CERTIFICATION

Completed by
affidavit 4/26/58

MAY 23 1958

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..

Student.....
Signature of Student Embalmer

Signed.....
Signature of Licensed Embalmer

Licensed Embalmer No. 479

P. O. Address.....
St. Petersburg

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

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.