t. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029996
STATE FILE NUMBER

AUG 20 1958 Registration District No. 296 Primary Registration District No. 6019 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fleming ORRICK TWSHP — Inside Limits: ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): % Camden RFD — Length of stay in 1b: 50 years

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

3. NAME OF DECEASED (Type or print): First: Birdie — Middle: Viola — Last: Taylor

4. DATE OF DEATH: Month: Aug. — Day: 11 — Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept 24/1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 10 Days 17 — 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: at home
11. BIRTHPLACE (City and state or country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Phillips
13b. MOTHER'S MAIDEN NAME: Bell Moody
14. NAME OF HUSBAND ~~OR WIFE~~: William Taylor — Deceased

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.: none
17. INFORMANT: Mrs. Mona Williams — Address: Camden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)
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 COUNTY STATE

21. I attended the deceased from — , to — and last saw her/him alive on —
Death occurred at 3:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas B. Cook M. A. Coroner
22b. ADDRESS: Richmond Mo.
22c. DATE SIGNED: 8/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 13/58
23c. NAME OF CEMETERY OR CREMATORY: South Point Cemetery
23d. LOCATION (City, town, or county) (State): Orrick, Missouri

24. FUNERAL DIRECTOR ADDRESS: Quest-Lile Funeral Home Richmond Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 17-1958
26. REGISTRAR'S SIGNATURE: Helen J. Larkin

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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.

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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address ~~Mon~~ Richmond

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.