

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035342  
STATE FILE NUMBER

300  
1-57

Registration District No. 1 Primary Registration District No. 300 Registrar's No. 326

**1. PLACE OF DEATH**  
a. COUNTY Adair  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At family home Length of stay in 1b 00/3  
d. STREET ADDRESS 1016 E. Illinois St., (If outside, give location) Reside on Farm Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Adair  
c. CITY OR TOWN Kirksville Inside Limits Yes  No   
d. STREET ADDRESS 1016 E. Illinois St., (If outside, give location) Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First G. Middle V. (Vern) Last Taylor  
**4. DATE OF DEATH** Month Oct. Day 19, Year 1958

**5. SEX** M **6. COLOR OR RACE** W **7. MARRIED**  NEVER MARRIED   
**8. DATE OF BIRTH** Apr. 1, 1892 **9. AGE** (In years) 66 (birthday) **IF UNDER 1 YEAR** Months 0 Days 0 **IF UNDER 24 HRS.** Hours 0 Min. 0

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer **10b. KIND OF BUSINESS OR INDUSTRY** Farm **11. BIRTHPLACE** (City and state or country) Adair County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Frank Taylor **13b. MOTHER'S MAIDEN NAME** Margaret Clapper **14. NAME OF HUSBAND OR WIFE** Bessie May James Taylor

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or NO known) (If yes, in war or dates of service) **16. SOCIAL SECURITY NO.** NO **17. INFORMANT** Mrs. Bessie May Taylor, Kirksville, Mo. Address Kirksville, 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 Thrombosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X  
INTERVAL BETWEEN ONSET AND DEATH 1 yr.

**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 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**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** Feb. 2-58 to 10-19-58 and last saw him alive on 10-19-58  
Death occurred at 4:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22. SIGNATURE** [Signature] (Degree, title) 2 **22b. ADDRESS** Kirksville, Mo. **22c. DATE SIGNED** 10/20/58

**23a. BURIAL, CREMATION, or other disposal (Specify)** Burial **23b. DATE** 10/21/58 **23c. NAME OF CEMETERY OR CREMATORY** Maple Hills Cemetery **23d. LOCATION** (City, town, or county) (State) Kirksville, Mo.

**24. FUNERAL DIRECTOR** [Signature] ADDRESS Kirksville, Mo. **25. DATE RECD. BY LOCAL REG.** 10-20-1958 **26. REGISTRAR'S SIGNATURE** [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, 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 *George W. Davel* .....

Licensed Embalmer No. *4799* .....

P. O. Address *Harpersville, MD* .....

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.