

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036884

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 160

Primary Registration District No. 3020

Registrar's No. 137

300
1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) FESTUS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Festus		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 S. Adams		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 428 SO ADAMS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTHA Middle L. Last TAYLOR			4. DATE OF DEATH Month 9 Day 17 Year 58		
5. SEX Female	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 6, 1892	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ST LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN F. TAYLOR		13b. MOTHER'S MAIDEN NAME KATHERINE MC GUIRE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address LOREN TAYLOR FESTUS, 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) Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 4321 H PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignant neoplasm in O. I. tract					INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			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 Jan 2, 58 to Sept 2, 58 and last saw her live on Sept 2, 58 Death occurred at 4 P.M. m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) Dorinda Beggs M.D.			22b. ADDRESS Festus, Mo		22c. DATE SIGNED 9/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-21-58	23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY		23d. LOCATION (City, town, or county) (State) FESTUS, MO.
24. FUNERAL DIRECTOR R. POLITTE CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-19-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 7 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 *Geoffrey P. Politt*

Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.