

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040871

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 88

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Stella Rt. 2 0930	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp. week		d. STREET ADDRESS (If outside, give location) Rt. 2 Stella	
3. NAME OF DECEASED (Type or print) First Clara Middle Bell Last Taylor		4. DATE OF DEATH Month Oct. Day 22 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 6, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Iowa
13a. FATHER'S NAME Tilden Hardisty		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Claud Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or period of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Claud Taylor Address Rt. 2 Stella, 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) Medullary Failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Anoxia			3 hours
DUE TO (c) Pleural Effusion			6 months
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from 1-14-58 , to 10-22-58 and last saw her alive on 10-22-58 Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE CR Holman (Degree or title)		22b. ADDRESS Stella, Mo.	22c. DATE SIGNED 10-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery
23d. LOCATION (City, town, or county)		23e. (State) 5 mile South Stella, Mo.	
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.		25. DATE RECD. BY LOCAL REG. 11-1-58	26. REGISTRAR'S SIGNATURE Miedred Moberly

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FILED
Date Filed
DEC 12 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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. W...
Neosho, Mo.

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.