

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043250

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 567

300
1-57

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY new madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Portageville 0120 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY HOSP		Length of stay in 1b 21 DAYS	d. STREET ADDRESS (If outside, give location) Rt 3 BOX 262
3. NAME OF DECEASED (Type or print) First Middle Last IRENE BROCKMAN TAYLOR			4. DATE OF DEATH Month Day Year 12 18 1958
5. SEX 3 FEMALE	6. COLOR OR RACE negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-20
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		9b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 37
10a. FATHER'S NAME Unknown		10b. MOTHER'S MAIDEN NAME Unknown	10. CITIZEN OF WHAT COUNTRY? U. S. A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		12. SOCIAL SECURITY NO.	13. INFORMANT Hospital Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1) Chronic renal failure 2) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Possible - Chronic glomerulonephritis DUE TO (c) or Lupus erythematosus			INTERVAL BETWEEN ONSET AND DEATH 4-6 weeks
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 11/27/58 to 12/18/58 and last saw her/him alive on 12/18/58 Death occurred at 8:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Sanders (Degree or title)		22b. ADDRESS U of Mo. Med Center Columbia	22c. DATE SIGNED 12/19/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/1958	23c. NAME OF CEMETERY OR CREMATORY Sand Hill	23d. LOCATION (City, town, or county) (State) New Madrid, Mo
24. FUNERAL DIRECTOR Lyman Smith ADDRESS Columbia Mo		25. DATE RECD. BY LOCAL REG. Dec. 19 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

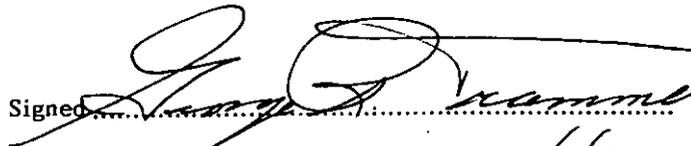
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4425

P. O. Address 

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.