THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001966

STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. Vernon — Length of stay in 1b 51 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 410 Sherman Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First William — Middle Elvie — Last Taylor
4. DATE OF DEATH: Month Jan. Day 23 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF DATE OF BIRTH March 12, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary engineer, farming (retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Frank Taylor
13b. MOTHER'S MAIDEN NAME Necie Ann Dill
14. NAME OF HUSBAND OR WIFE Naomi Taylor
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. 499-07-6849
17. INFORMANT San. records, Mo. State San., Mt. Vernon, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary tuberculosis far advanced — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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) 002X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Dec. 3, 1958, to Jan. 23, 1959 and last saw ~~her~~ him alive on 1-23-59
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. Brasher M.D. (Degree or title)
22b. ADDRESS Mt. Vernon, Mo.
22c. DATE SIGNED 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-23-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Neosho, (State) Mo.

24. FUNERAL DIRECTOR Max L. Fouett — ADDRESS Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 1-26-59
26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, Ill

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.