Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004712
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY: Calloway b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton — Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp. #1 — Length of stay in Ib: 1 Month	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Cooper c. CITY OR TOWN: Booneville 0272 — Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location): 925 E. Locust — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Allie — Middle: S. — Last: Taylor

4. DATE OF DEATH: Month Feb. Day 8 Year 1959

5. SEX: M 2

6. COLOR OR RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Apr. 13, 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): unk.

10b. KIND OF BUSINESS OR INDUSTRY: UNK.

11. BIRTHPLACE (City and state or country): Cooper County Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Henry Taylor

13b. MOTHER'S MAIDEN NAME: Louise ???

14. NAME OF HUSBAND OR WIFE: Laura Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: Wife — Address: 925 E. Locust Booneville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Brain Syndrome

DUE TO (c) Cerebral Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334 X

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.) None

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 Jan. 8. 1959, to Feb. 8. 1959 and last saw her/him alive on XXXXXXXXXXXXXXX

Death occurred at 2:20 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James K. Atterbusch M.D.

22b. ADDRESS: State Hosp. #1

22c. DATE SIGNED: 2/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 12-1959

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county): Boonville (State) Mo

24. FUNERAL DIRECTOR: G. F. Boller — ADDRESS: Boonville Mo

25. DATE REC'D. BY LOCAL REG.: Feb. 9-1959

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 G. F. Baller

Licensed Embalmer No. 3062

P. O. Address Boonville, M

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.