

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005253

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 128 Primary Registration District No. Registrar's No. 242

300
-57

Health,
Welfare
Public
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walnut Grove</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Walnut Grove</u> ⁰³⁷⁸ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi S. of W.S.</u>		Length of stay in lb <u>Lafayette</u>	d. STREET ADDRESS (If outside, give location) <u>3 mi South of W.S.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DALE</u> Middle <u>LAWRENCE</u> Last <u>TAYLOR</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>6</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> - 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>March 2-1908</u> 51
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during term of working life, if Retired) <u>Stone cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Greene Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>O.J. Taylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Bess Willis</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes (unknown)</u>	
17. INFORMANT <u>Fred Taylor - RR Ash Grove. Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Chronic Alcoholism</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>
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.) <u>1621</u>	
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	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. CITY, TOWN, OR LOCATION	
21. I attended the deceased from <u>April 1958</u> to <u>August 58</u> and last saw her alive on <u>March 5-59</u> Death occurred at <u>1:30a</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Barber MD</u>		22b. ADDRESS <u>Walnut Grove. Mo.</u>	
22c. DATE SIGNED <u>3-9-59</u>			
23a. NAME OF CEMETERY OR CREMATORY <u>Greencrown Cemetery</u>		23b. LOCATION (City, town, or county) (State) <u>Walnut Grove. Mo.</u>	
23c. DATE <u>3-8-59</u>		23d. DATE RECD. BY LOCAL REG. <u>3-13-59</u>	
24. FUNERAL DIRECTOR <u>Brun - Daniel - Walnut Grove</u>		25. REGISTRAR'S SIGNATURE <u>Effie G. Mellon</u>	

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 *Ray E Ireland*

Licensed Embalmer No. *5052*
P. O. Address *Walnut Grove*

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.