

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006267

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 24

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Charleston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium Length of stay in lb 25 days | | d. STREET ADDRESS (If outside, give location) 310 S. Heggie Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last Alex Taylor | | | 4. DATE OF DEATH Month Day Year Feb. 17, 1959 |
| 5. SEX Male | 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 Mar. 12, 1912 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store operator | | 9b. KIND OF BUSINESS OR INDUSTRY Grocery | 9. AGE (In years last birthday) 46 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store operator | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 11. BIRTHPLACE (City and state or country) Mississippi |
| 13a. FATHER'S NAME Nathan Taylor | | 13b. MOTHER'S MAIDEN NAME Lizzie Williams | 14. NAME OF HUSBAND OR WIFE Mattie Lou Taylor |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 408-12-4360 | 17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, 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) Bronchogenic carcinoma, left lung | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| 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) | | | 19. WAS AUTOPSY PERFORMED? 1621 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 WORK <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 1-23-59 to 2-17-59 and last saw him xxx alive on 2-17-59 Death occurred at 11:20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. Lewis Yates, M.D. | | 22b. ADDRESS Mt. Vernon, Mo. | 22c. DATE SIGNED 2-17-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2-17-59 | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) Charleston, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Max L. Fossett Mt. Vernon Mo. | | 25. DATE RECD. BY LOCAL REG. 2-19-59 | 26. REGISTRAR'S SIGNATURE Cecil Handricks |

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 Z. Fournet*

Licensed Embalmer No. *4252*
P. O. Address *William*

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.