

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008276

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 116

300
-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Downing
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ANGELINE TAYLOR			4. DATE OF DEATH Month Day Year April 2, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1885
9. AGE (In years (birthday)) 73		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during month if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schuyler Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Stephen Ashworth	13b. MOTHER'S MAIDEN NAME Rebecca Anderson
14. NAME OF HUSBAND OR WIFE William Taylor		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give valid dates of service)
17. INFORMANT Mrs. Bessie Hocker, Downing, Mo.		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) Carcinoma of Head of Pancreas			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatic Insufficiency			Unknown
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 March 21 1959 , to April 2 1959 and last saw her alive on April 2 1959 Death occurred at 1 05 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Betty N. Slaughter DO		22b. ADDRESS 711 W. Jefferson Kirkville	22c. DATE SIGNED 4-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-4-1959	23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	23d. LOCATION (City, town, or county) (State) Schuyler, Co. Mo.
24. FUNERAL DIRECTOR Gerth & Basket, Memphis, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
D.O.
SEAL OR RUBBER STAMPS
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
BETTY H.

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 ... *Robert B. Davis*

Licensed Embalmer No. *4219*
P. O. Address *Thinksville*

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.