

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010551

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Larayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rayville township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lexington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles west Rayville-1 wk.		Length of stay in lb		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) First Middle Last PETER BRADY TAYLOR			4. DATE OF DEATH Month Day Year March 15, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8, 1874	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min. 2 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Scotland 4		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Will Taylor		13b. MOTHER'S MAIDEN NAME Anna Brady		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)		16. SOCIAL SECURITY NO. 513-01-8907	17. INFORMANT Address Mrs. Anna Clark, Rayville, 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) <u>Carcinoma of Esophagus</u>					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 (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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 _____, to _____ and last saw her alive on _____ Death occurred at <u>9:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Thomas B. Gosh M.D. Governor 3</u>			22b. ADDRESS <u>Richmond Mo.</u>		22c. DATE SIGNED <u>3/16/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/1959	23c. NAME OF CEMETERY OR CREMATORY Macpelah Cemetery		23d. LOCATION (City, town, or county) (State) Lexington, Missouri	
24. FUNERAL DIRECTOR <u>Thomas J. Carter</u>		ADDRESS <u>Richmond, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-22-1959</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas J. Carter* .....

Licensed Embalmer No. *4474* .....

P. O. Address.. *Richmond* .....

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.