Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-012556

STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 9

**1. PLACE OF DEATH**
a. COUNTY: CAMDEN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Climax Springs — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): None — Length of stay in 1b: years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Camden
c. CITY OR TOWN: Climax Springs — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: DELLA — Middle: MAY — Last: TAYLOR

**4. DATE OF DEATH**: Month: Apr — Day: 12 — Year: 1959

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

**8. DATE OF BIRTH**: Nov 24, 1886

**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4, Days 8 — IF UNDER 24 H: Hours, Min

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: Home

**11. BIRTHPLACE** (City and state or country): Camden Co, Mo

**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: John Flippin

**13b. MOTHER'S MAIDEN NAME**: Mary Richardson

**14. NAME OF HUSBAND OR WIFE**: Francis G. Taylor

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

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT** — Address: Francis G. Taylor Climax Springs 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): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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): 1561

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

MEDICAL CERTIFICATION

**20a.** ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**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 Oct 1958, to April 12 1959 and last saw her/him alive on April 5 1959
Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

**22a. SIGNATURE** (Degree or title): Jack Gunn MD

**22b. ADDRESS**: Versailles, Mo

**22c. DATE SIGNED**: April 13 1959

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

**23b. DATE**: Apr 14, 1959

**23c. NAME OF CEMETERY OR CREMATORY**: Climax Springs

**23d. LOCATION** (City, town, or county) (State): Climax Springs Benton Co, Mo

**24. FUNERAL DIRECTOR**: John F Reser — ADDRESS: Warsaw

**25. DATE REC'D. BY LOCAL REG.**: 4/17/1959

**26. REGISTRAR'S SIGNATURE**: Alda Eldred

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John F. Reon

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.