

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016746

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 225

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Houstonia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Univ. of Mo. Medical Center</u>		Length of stay in lb <u>5 days</u>	
3. NAME OF DECEASED (Type or print) First <u>Lucie</u> Middle <u>Andrew</u> Last <u>Taylor</u>		4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 12, 1904</u>
9a. AGE (In years last birthday) <u>55</u>		9b. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	9c. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK LINE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>	
11. BIRTHPLACE (City and state or country) <u>BENTON COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>SAMUEL TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA LA FREBE</u>	
14. NAME OF HUSBAND OR WIFE <u>NORA DEAN TAYLOR</u>		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>492-18-7887</u>		17. INFORMANT <u>Hospital Record</u> Address <u>Univ. Hospital Columbia Mo</u>	
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>Bilateral pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bilateral crushed + flail chest</u>			<u>5 days</u>
DUE TO (c) _____			<u>9/21</u>
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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>Tractor turned over on deceased while working</u>	
20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>PM</u> Month, Day, Year <u>5-12-59</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Farm</u>	
20f. CITY, TOWN, OR LOCATION <u>Houstonia, Mo.</u>		COUNTY <u>Pettis</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>5/12/59</u> to <u>5/17/59</u> and last saw her/him alive on <u>5/17/59</u> Death occurred at <u>5:15</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Earl J. Wiggler, Jr., M.D.</u>		22b. ADDRESS <u>U. of Mo. Medical Center</u>	
22c. DATE SIGNED <u>5-17-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 19, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>HOUSTONIA CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HOUSTONIA, MO</u>	
24. FUNERAL DIRECTOR <u>Westbrookes Houstonia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 17 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

MAY 28 1958

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs

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.