

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017150

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

158

300
-57

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | | c. CITY OR TOWN Tipton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas E. Still Hosp | | d. STREET ADDRESS 6 Miles North E. Tipton | |
| Length of stay in lb 1 Week | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Robert Edward Taylor | | | 4. DATE OF DEATH Month Day Year May 23, 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October, 22, 1875 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and state or country) Allsville, Pettis County, Mo | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Richard S. Taylor | | 13b. MOTHER'S MAIDEN NAME Mary Ann Pulley | | 14. NAME OF HUSBAND OR WIFE Vinite 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. None | | 17. INFORMANT Address Georgia Taylor, (Daughter) Boonville, Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction - Recumbent | | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Hemorrhage | | | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x | | | |

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| 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 a.m. p.m. Month, Day, Year | | | |

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|---|--|--|--|--|--|
| 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 **7-15-55**, to **5-20-59** and last saw ^{him} alive on **5-20-59**
Death occurred at **3 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) R. P. Davis, M.D. | | 22b. ADDRESS Tipton, Mo | | 22c. DATE SIGNED 5-23-59 | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 25, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Tipton Masonic Cemetery | | 23d. LOCATION (City, town, or county) (State) Tipton, Missouri. | |
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| FUNERAL DIRECTOR Jessie E. Richards-TIPTON, MO | | ADDRESS Tipton, Mo | | 25. DATE RECD. BY LOCAL REG. 23 May 1959 | | 26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.R. | |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

ALL ENTRIES 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 *Jewell E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Tipton, W*

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.