

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022078

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 178

Primary Registration District No.

Registrar's No. 57

V. S. 300
ev. 1-57

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Lewis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Lewis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN La Belle | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 20 Yrs. | 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 Mabel Middle C. Last Taylor | | | 4. DATE OF DEATH Month June Day 6 , Year 1959 | | |
| 5. SEX Female | 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 June 17, 1883 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 11 Days 19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Newark, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME George R. Minor | | 13b. MOTHER'S MAIDEN NAME Hattie Anderson | | 14. NAME OF HUSBAND OR WIFE Carl S. 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 Carl S. Taylor La Belle, Missouri | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease grade 1st | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs |
| DUE TO (b) Generalized arteriosclerosis | | | | | 20 yrs |
| DUE TO (c) Hemiparesis right due to C.V.A. 4 yrs ago | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 Aug. 23rd 1957 , to June 6th 1959 and last saw her alive on May 18th 1959 Death occurred at 10:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Francois Tarvydas M.D. | | | 22b. ADDRESS Eolina Missouri | | 22c. DATE SIGNED June 8th 1959 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 8, 1959 | 23c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery | | 23d. LOCATION (City, town, or county) (State) La Belle Missouri | |
| 24. FUNERAL DIRECTOR J. A. Cole | | 25. DATE RECD. BY LOCAL REG. 6-11-59 | 26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. | | |

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 myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. Stader Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, Mo

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.