

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023964  
STATE FILE NUMBER

**FILED JUL 14 1959** Registration District No. 374 Primary Registration District No. \_\_\_\_\_ Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City</b>		c. CITY OR TOWN <b>Grant City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Scott Nursing Home</b>		Length of stay in lb <b>5 Yrs</b>	
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Alice</b> Last <b>Taylor</b>		4. DATE OF DEATH Month <b>June</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 19, 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Denver, Mo</b>
13a. FATHER'S NAME <b>Francis Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Savannah Findley</b>	14. NAME OF HUSBAND OR WIFE <b>Oscar Taylor</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Francis Taylor Denver, MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b> <b>Arteriosclerotic Cardiovascular Disease</b> 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) <b>260X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b> <b>10 years</b>
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 <u>1947</u> to <u>June 27, 1959</u> and last saw her <sup>him</sup> alive on <u>June 26</u> Death occurred at <u>2:50 p.m.</u> in on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Frank J. Matteson MD</b> (Degree or title)		22b. ADDRESS <b>Grant City, Mo</b>	
		22c. DATE SIGNED <b>6-30-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 29, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Miller Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Rural Denver, Mo</b>	
24. FUNERAL DIRECTOR <b>Hermit Braun Dueser MD</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>July 7-1959</b>	
		26. REGISTRAR'S SIGNATURE <b>Dewey Kubbe</b>	

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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 John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.