

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024615

FILED VS AUG 14 1959 **096**

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo	Length of stay in 1b 3 mos.	c. CITY OR TOWN Buffalo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION E. main	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) E. main	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOWARD Middle — Last TAYLOR			4. DATE OF DEATH Month Aug. Day 3 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 23, 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Dallas Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME M. D. Taylor	13b. MOTHER'S MAIDEN NAME Mary Lee	14. NAME OF HUSBAND OR WIFE Emerg Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Johnnie Taylor Selt, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of the Larynx	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Unclassified carcinoma of the neck	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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	
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 **June 1, 1959** to **Aug. 3, 1959** and last saw him alive on **Aug. 3, 1959**
Death occurred at **10:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph O. Bennett, D.O.	22b. ADDRESS Buffalo, Missouri	22c. DATE SIGNED 8/5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 5, 1959	23c. NAME OF CEMETERY OR CREMATORY C. B. Cemetery	23d. LOCATION (City, town, or county) (State) Dallas Co. Mo.
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24. FUNERAL DIRECTOR L. B. Jones Buffalo, Mo.	25. DATE RECD BY LOCAL REG. 8/12/59	26. REGISTRAR'S SIGNATURE Mrs Vera Petrea
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me, Student Embalmer No. ✓
working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R-E. Chestman

Licensed Embalmer No. 9813

P. O. Address Buffalo, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.