

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026030

FILED VS JUL 21 1959

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 13

DED

1. PLACE OF DEATH a. COUNTY <u>South New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse, Mo West Township</u>		c. CITY OR TOWN <u>Essex, Mo Route 1</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route to Sikeston, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Richland township</u>	

3. NAME OF DECEASED (Type or print) First <u>Louie</u> Middle <u>Everett</u> Last <u>Taylor</u>	4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1959</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</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>11/14/15</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during the past working life, even if retired) <u>mill hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber mill</u>	11. BIRTHPLACE (City and state or country) <u>Matthews, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louie Edward Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Hudgins</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Taylor</u>
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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>unknown</u>	17. INFORMANT Address <u>Clara Taylor route 1 Essex, Mo.</u>
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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) <u>Acute Coronary Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
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)	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
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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.)
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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
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21. I attended the deceased from <u>D.O.A.</u> <u>8:00 p/</u> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Andrew B. Smith MD</u>	22b. ADDRESS <u>Sikeston, Missouri</u>	22c. DATE SIGNED <u>7-14-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Matthews, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>atkins & Sons Morehouse, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Walter L. McBain</u>
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl Watkins

Licensed Embalmer No. 4964
P. O. Address Depto. 110

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.