MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033362
STATE FILE NUMBER

FILED VS OCT 2 1959

Registration District No. 282 Primary Registration District No. 5972 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Flemington
Length of stay in 1b: 3-wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Died in the Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Polk
c. CITY OR TOWN: Rural - Elkport
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Cora Middle: Emily Last: Taylor

4. DATE OF DEATH: Month: Sept. Day: 18 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Dec. 17-1883
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Brown
13b. MOTHER'S MAIDEN NAME: Martha O'Connor
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-42-8194
17. INFORMANT: Mrs. Lula Jones Address: Flemington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Colon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) metastasis to liver.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 1958, to Sept 1959 and last saw her/him alive on Sept 10, 59
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D C McLean MD
22b. ADDRESS: Bolivar
22c. DATE SIGNED: 9/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 20-59
23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
23d. LOCATION (City, town, or county) (State): Polk Co. Mo

24. FUNERAL DIRECTOR: Pitts F.H. ADDRESS: Bolivar, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 21, 1959
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sidney J. Pitts

Signature of Student Embalmer

Licensed Embalmer No. 4939

P. O. Address Bolivar,

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