URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1959

59-037068

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 141

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b 9 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 N. Cedar — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Hayti — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 201 N. Cedar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joe Middle Lee Last Taylor

4. DATE OF DEATH Month Oct. Day 28, Year 1959

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH May 1888
9. AGE (last birthday) 71 — 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) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Pompey Taylor
13b. MOTHER'S MAIDEN NAME Cornelia Cockrels
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I
16. SOCIAL SECURITY NO. 425-22-1214
17. INFORMANT Cornnelius Taylor, Address Box 41 Carrolton, Ala.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lymph adenitis Generalized 2 yrs.
DUE TO (c) Cornelia Cockrels Secondary 18 mos

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 10-15-59, to 10-28-59 and last saw ~~her~~ him alive on 10-28-59
Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. O. Shirley M.D.
22b. ADDRESS Hayti, Mo.
22c. DATE SIGNED 10-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-30-59
23c. NAME OF CEMETERY OR CREMATORY Homestown Cemetery
23d. LOCATION (City, town, or county) (State) Rt. 1 Wardell, Mo.

24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Hayti, Mo.
25. DATE RECD. BY LOCAL REG. 10-30-59
26. REGISTRAR'S SIGNATURE LaHanda Adams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James G. Dolum

Signature of Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

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.