URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959

59–037183
STATE FILE NUMBER

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural - Marion
Length of stay in 1b: 9-mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pleasant View Nursing 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 - Marion
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Isaac Middle: M. Last: Taylor
4. DATE OF DEATH: Month: Oct. Day: 6 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: May 31 - 1886
9. AGE (last birthday): 72
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): Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Samuel M. Taylor
13b. MOTHER'S MAIDEN NAME: Mary Detterage
14. NAME OF HUSBAND OR WIFE: Deceased
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.: No
17. INFORMANT: Paul Taylor Address: R+I, Bol. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular accident
(Apoplexy) DUE TO (b) Arteriosclerosis · Hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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): Prostatic Obstruction Due to Hypertrophy
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 May. 6. 59. to Sept 29, 59 and last saw him alive on Sept. 29 59
Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. D. Smith (Degree or title) M.D.
22b. ADDRESS: Bolivar Mo.
22c. DATE SIGNED: Oct. 7 59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 9-59
23c. NAME OF CEMETERY OR CREMATORY: Mitchell Camp Ground
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.: Oct. 8, 1959
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

VS OCT 19 1959

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4939

P.O. Address Bolivar, M

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