

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039066

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

|   |  |   |  |   |  |  |   |
|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Joseph</b>   |  | Length of stay in 1b<br><b>8 years</b>  |  | c. CITY OR TOWN <b>St. Joseph</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1324 No. 4th Street</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>1324 No. 4th Street</b>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JONAS</b> Middle <b>TAYLOR</b> Last <b>TAYLOR</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>2</b> Year <b>1959</b>   |  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1/20/1881</b>  | 9. AGE (last birthday)<br><b>78 yrs.</b>                                     | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                  |   | 11. BIRTHPLACE (City and state or country)<br><b>Andrew County, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>Jonas Taylor, Sr.</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Forson</b>                                     |   | 14. NAME OF HUSBAND OR WIFE<br><b>(deceased)</b>                             |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Kathleen Sipes, 1324 No. 4th Street, St. Joseph, Mo.</b>  |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b><br>DUE TO (b) <b>Carcinoma Lung</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ s.m. _____ p.m.   |  | Month, Day, Year _____  |  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>8-1-59</b> to <b>12-2-59</b> and last saw him/her alive on <b>12-2-59</b><br>Death occurred at <b>8:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |   |
| 22a. SIGNATURE<br><b>Richard D. Maguire MD</b> (Degree or title)  |  |   |  | 22b. ADDRESS<br><b>Post Bldg 216, St. Joseph, Mo</b>  |  | 22c. DATE SIGNED<br><b>12-4-59</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>12/4/1959</b>          | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland Cemetery</b>  |  | 23d. LOCATION (City, town, or county)<br><b>near Oregon</b>   |  | (State)<br><b>Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Stoney Funeral Home (G.F.S.)</b>   |  | ADDRESS<br><b>St. Joseph, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>Dec. 7, 1959</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Sandell</b>                       |  |   |

DOCUMENT

PL. Maguire, M.D. 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

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.