

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039067

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STATE FILE NUMBER

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

ENDED

1. PLACE OF DEATH a. COUNTY Euchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Davies				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 day		c. CITY OR TOWN Pattonsburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Osteopathic Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Vera Middle _____ Last Taylor				4. DATE OF DEATH Month November Day 19, Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 28, 1893	9. AGE (last birthday) 66	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 Own Home		11. BIRTHPLACE (City and state or country) Davies County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harry Cole			13b. MOTHER'S MAIDEN NAME Edyth Johnson			14. NAME OF HUSBAND OR WIFE Issac Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 577-36-6167		17. INFORMANT Address Mrs. Richard Westwood, Englewood, Colo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Anoxemia							3 Hours	
DUE TO (b) Shock							18 Hours	
DUE TO (c) Internal Hemorrhage							18 Hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple fractures, contusions and abrasions							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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Automobile accident---patient was thrown into dash				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 2:30 P. M.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Savannah (5 Miles North) Road D		COUNTY MO.		STATE
21. I attended the deceased from 11-18-59 to 11-19-59 and last saw her/him alive on 11-18-59				Death occurred at 9:21 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>H.N. Tazewell M.D.</i>				22b. ADDRESS 1201 Jule Street			22c. DATE SIGNED 11-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Nov. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Civil Bend Cemetery		23d. LOCATION (City, town, or county) (State) Davies County, Missouri			
24. FUNERAL DIRECTOR <i>Wescherkoff-Harman Inc.</i> St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 25, 1959		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 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 _____
Signature of Student Embalmer

Signed Louis J. Chancy

Licensed Embalmer No. 4679

P. O. Address St. Joseph

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.