

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

=60-002744

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PERRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STE GENEVIEVE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Length of stay in lb 1 hr.		c. CITY OR TOWN ST MARYS		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY CO. MEMORIAL HOSP.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HENRY TAYLOR				4. DATE OF DEATH Month Day Year JAN 17 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 1/16/05	9. AGE (last birthday) 54	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) APPLIANCE DEALER		10b. KIND OF BUSINESS OR INDUSTRY HOME APPLIANCES		11. BIRTHPLACE (City and state or country) RANDOLPH CO ILL		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JESSIE TAYLOR		13b. MOTHER'S MAIDEN NAME MARIETTA BERRY		14. NAME OF HUSBAND OR WIFE MINNIE CAIRNS			
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. 491-26-3756		17. INFORMANT Address Minnie Taylor St. Marys 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) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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.) 14		20f. CITY, TOWN, OR LOCATION 14		COUNTY	STATE	
21. I attended the deceased from JAN 15/60 to JAN 15/60 and last saw him alive on JAN 14/60 Death occurred at 4 10 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph F. Lusk MD				22b. ADDRESS ST MARYS, MO		22c. DATE SIGNED 1/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/17/60	23c. NAME OF CEMETERY OR CREMATORY HOME CEMETERY		23d. LOCATION (City, town, or county) PERRYVILLE MO			
24. FUNERAL DIRECTOR ADDRESS Rev. Bach St. Genevieve Mo		25. DATE RECD. BY LOCAL REG. 1-16-60		26. REGISTRAR'S SIGNATURE Joe J. Zellner			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 20

STATEMENT BY LICENSED EMBALMER

JAN 22 6 1960

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 _____
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Denver

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