JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 15 1960

60-009610
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Vernon,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada, Mo. City Hospital — Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada City Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon,
c. CITY OR TOWN: Nevada, Mo. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 429 W. Cherry St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Olive Middle: T. Last: Kaylor
4. DATE OF DEATH: Month: March Day: 5 Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-29-1885
9. AGE (last birthday): 75
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): ✓
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): ✓
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Speed Taylor
13b. MOTHER'S MAIDEN NAME: Mercy Ann Mapes
14. NAME OF HUSBAND OR WIFE: J. Hurley Kaylor
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.: 491-05-8835
17. INFORMANT: J. Hurley Kaylor Address: 429 W. Cherry

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): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 45 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Right Hemiplegia
DUE TO (c): Chronic Hypertensive heart disease — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of the neck of right Femur
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell on icy street
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Feb. 25, 1960.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): On the Street
20f. CITY, TOWN, OR LOCATION: Nevada, COUNTY: Vernon, STATE: Missouri
21. I attended the deceased from Feb. 29, 1960, to March 5, 1960 and last saw her alive on March 5, 1960.
Death occurred at Nevada, Missouri 11:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): R. B. Wray, M.D. F.I.C.S.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 3/7/1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-8-1960
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Mo.
24. FUNERAL DIRECTOR ADDRESS: Eichinger Funeral Home, Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 3-12-1960
26. REGISTRAR'S SIGNATURE: Anna E. Ferry
(Licensed Embalmer's Statement on Reverse Side)

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 Francis Can Marsh

Signature of Student Embalmer

Licensed Embalmer No. 4973

P. O. Address Nevada, M

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