DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010102
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 193

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b: 5 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Williamsville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: SAMUEL Middle: CONE Last: TAYLOR

4. DATE OF DEATH Month: March Day: 17 Year: 1960

5. SEX: Male
6. COLOR OR RACE: Whit e
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-19-1898
9. AGE (last birthday): 61
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Smithland, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Cohen Taylor
13b. MOTHER'S MAIDEN NAME: Jennie McIntyre
14. NAME OF HUSBAND OR WIFE: Rosa Bohren Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW # 1 & WW # 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Rosa Taylor Address: Williamsville, 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) Paralytic ileus — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Probable intestinal malignancy
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-12-60, to 3-17-60 and last saw her/him alive on 3-17-60
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. L. Brandon (Degree or title) M.D.
W.L. Brandon,
22b. ADDRESS 1124 N. Main Poplar Bluff, Missouri
22c. DATE SIGNED 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-19-60
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo.
25. DATE REC'D BY LOCAL REG.: 3/25/60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 5 1999

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 Philip J. Casserly

Signature of Student Embalmer

Licensed Embalmer No. 4618

P. O. Address Poplar Blu

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.