

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 14 1960

60-013922

STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>TX</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rocky Sherrill</u>		Length of stay in 1b <u>4 yrs.</u>	c. CITY OR TOWN <u>Licking</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>East South of Licking</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha Caroline Taylor</u>		4. DATE OF DEATH Month Day Year <u>Mar 29 1960</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-22-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Dent Co. Mo</u>
13a. FATHER'S NAME <u>Oliver White</u>		13b. MOTHER'S MAIDEN NAME <u>Millissia Ward</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene T. Taylor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT Address <u>Alta Smith Licking Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 Months</u>
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. <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 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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 <u>Dead on arrival</u> to <u>---</u> and last saw her <u>---</u> him <u>---</u> alive on <u>---</u>		Death occurred at <u>7:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>B.G. Myers D.O.</u> (Degree or title)		22b. ADDRESS <u>Licking, Mo</u>	22c. DATE SIGNED <u>4-2-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-31-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>
24. FUNERAL DIRECTOR <u>Smith-Terguson</u>	ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 6, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Edna C. Nese</u>

DOCUMENT

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erberto Ferguson

Licensed Embalmer No. 394

P. O. Address Lectin

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.