

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015938

FILED VS. MAY 2 1960

167

Registration District No. Primary Registration District No. 4256

Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Length of stay in 1b 5 1/2 Hrs.		c. CITY OR TOWN Strasburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Hospital			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 Middle Last Avis Franklin Taylor				4. DATE OF DEATH Month Day Year April 27, 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/25/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Liquor store		11. BIRTHPLACE (City and state or country) Cedar County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Neal David Taylor			13b. MOTHER'S MAIDEN NAME Lucy Fisher		14. NAME OF HUSBAND OR WIFE Mrs. Marie 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. UNKNOWN		17. INFORMANT Address Mrs. Marie Taylor Strasburg, 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) Cerebral Hemorrhage DUE TO (b) Essential Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 hours 1 1/2 yrs	
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 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 Month, Day, Year		Hour 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 4-27-60 to 4-27-60 and last saw him alive on 4-27-60 Death occurred at 9:45 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R W Jones D.O.				22b. ADDRESS Holden, Mo		22c. DATE SIGNED 4-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4/29/60	23c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.		23d. LOCATION (City, town, or county) Fairplay, Missouri		(State)
24. FUNERAL DIRECTOR Brownfield-Stanley Pleasant Hill, Mo.			25. DATE RECD. BY LOCAL REG. 4-29-60		26. REGISTRAR'S SIGNATURE Mrs. G.V. Redford		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 1980

STATEMENT BY LICENSED EMBALMER

MAY 5, 1980

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

*Raymond D. Shank*

Licensed Embalmer No.

5008

P. O. Address

*Pleasant*

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.