

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016025

FILED VS MAY 3 1960

178

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **45**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY LEWIS		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON		Length of stay in 1b XXXXXXXXXX		c. CITY OR TOWN LEWISTOWN	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. E. Lewistown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 mi. E. Lewistown		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MINNIE First Middle Last NORA TAYLOR				4. DATE OF DEATH APRIL 22, 1960 Month Day Year			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/19/60	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 9 Days 3	IF UNDER 24 HR Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXXXXXX		11. BIRTHPLACE (City and state or country) LEWISTOWN, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NELSON DANCE			13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNSON		14. NAME OF HUSBAND OR WIFE ARCH 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. NONE		17. INFORMANT ARCH TAYLOR, LEWISTOWN, MO. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		Arteriosclerosis					3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		High blood pressure			Years
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.		
Broken left arm					<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 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 Sept. 1, 1958 to Apr. 22, 1960 and last saw her April 21, 1960 alive on				Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry L. McCoy D.O.				22b. ADDRESS La Belle, Missouri		22c. DATE SIGNED 4/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/24/60	23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN		23d. LOCATION (City, town, or county) LEWISTOWN, MISSOURI		(State)	
24. FUNERAL DIRECTOR Charles L. Arnold, Jr. ADDRESS LEWISTOWN, MO.			25. DATE RECD. BY LOCAL REG. 4-27-60	26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd			

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 Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISS

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.