pt. Health,
., & Welfare
S. Public
lth Service

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ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS AUG 12 1960

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

-60-025740
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 97

**1. PLACE OF DEATH**
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett, Mo. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent's Hosp. — Length of stay in Ib: 2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City 0550 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Adams St — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: Marty Middle: Laverne Last: Taylor

**4. DATE OF DEATH**: Month Aug. Day 3 Year 1960

**5. SEX**: M 0

**6. COLOR OR RACE**: White

**7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ 0 **DIVORCED** ☐

**8. DATE OF BIRTH**: Aug. 3, 1960

**9. AGE** (In years last birthday): IF UNDER 1 YEAR: Months / Days / Hours / 20 Min. IF UNDER 24 HRS.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Monett, Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: Jim Taylor

**13b. MOTHER'S MAIDEN NAME**: Micki Palmer

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: Jim Taylor Address: Pierce City 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): Anencephalous — INTERVAL BETWEEN ONSET AND DEATH: 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 750X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** 0 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 8-3-60 to 8-3-60 and last saw him alive on 8-3-60
Death occurred at 8:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): T. L. Edwards MD

**22b. ADDRESS**: Monett, Mo.

**22c. DATE SIGNED**: 8-4-60

**23a. BURIAL, CREMATION, REMOVAL** (Specify):

**23b. DATE**: Aug. 3, 1960

**23c. NAME OF CEMETERY OR CREMATORY**: City Cemetery

**23d. LOCATION** (City, town, or county) (State): Pierce City, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Wessell Funeral Home, Pierce City, Mo.

**25. DATE RECD. BY LOCAL REG.**: 8-4-60

**26. REGISTRAR'S SIGNATURE**: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

Rec. 8-11-60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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.