

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030029

FILED VS AUG 16 1960

77

Registration District No. \_\_\_\_\_ Primary Registration District No. 3016

Registrar's No. 282

STATE FILE NUMBER

INDEXED

DOCUMENT

|   |  |  |  |   |  |  |   |                                   |  |
|---|--|--|--|---|--|--|---|-----------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cole</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Cole</b> |  |  |   |                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Jefferson City</b>  |  | Length of stay in 1b<br><b>20yrs</b>   |  | c. CITY OR TOWN <b>Jefferson City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |                                   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>   |  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>Payne Drive</b>        |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Helen</b> Middle <b>Veronica</b> Last <b>Taylor</b>  |  |  |  | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>6</b> Year <b>1960</b>  |  |  |   |                                   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>9/9/07</b>   | 9. AGE (last birthday)<br><b>52</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____  | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                                     |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                   |  |
| 13a. FATHER'S NAME<br><b>James Tierney</b>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Burke</b>                                       |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>J.E. Taylor</b>  |   |                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Address<br><b>J.E. Taylor, Jefferson City, Mo</b>         |  |   |                                   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Related mammary carcinoma</b> |  |  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3yrs</b>                                       |                                   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) _____   |  |   |  |  |   |                                   |  |
|   |  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year _____                 |  |  |   |  |  |   |                                   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>11/25/57</b> to <b>8/6/60</b> and last saw her <sup>him</sup> alive on <b>8/6/60</b>  |  |  |  | Death occurred at <b>6:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.             |  |  |   |                                   |  |
| 22a. SIGNATURE<br><i>Evelyn D. Sugraba, M.D.</i> (Degree or title)  |  |  |  | 22b. ADDRESS<br><b>Jefferson City, Mo</b>   |  |  |   | 22c. DATE SIGNED<br><b>8/8/60</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>8/9/60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>                   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson City, Mo</b> |  |   |                                   |  |
| 24. FUNERAL DIRECTOR<br><b>Thorpe J Gordon, Jefferson City, Mo</b>  |  |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>11 August 1960</b>   |  | 26. REGISTRAR'S SIGNATURE<br><i>R.P. Norris M.D. - Richter dep</i>   |   |                                   |  |

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS AUG 16 1960

VS APR 19 1962

**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 George J. Gordon

Licensed Embalmer No. 1286  
P. O. Address Jeff City 9

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.