

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030173

FILED VS AUG 29 1960

Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 200

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Franklin</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Johns Twp.</b>		Length of stay in lb <b>12 years.</b>		c. CITY OR TOWN <b>Washington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Route #2</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route #2</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>JAMES RAYMOND TAYLOR</b>				4. DATE OF DEATH Month <b>August</b> Day <b>24</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/30/1897</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>	IF UNDER 24 HR Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesale Distributor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum prod.</b>		11. BIRTHPLACE (City and state or country) <b>Stockton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Arthur Taylor</b>			13b. MOTHER'S MAIDEN NAME <b>Grace Merrell</b>			14. NAME OF HUSBAND OR WIFE <b>Julia</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>084-09-3414</b>		17. INFORMANT <b>Fred Hoelscher, Washington, Mo.</b>			Address <b>R.R. #2</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary artery Occlusion - Infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1-5 min</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis &amp; Chronic congestive failure 1 1/2 yrs.</b>									
DUE TO (c) <b>Generalized Arteriosclerosis.</b>							<b>unk.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Bronchial Asthma (Class IV) (Severe) Cardiorespiratory Distress</b>					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 <b>7</b> a.m. Month, Day, Year <b>Aug 1959</b>	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 <b>Aug 1959</b> to <b>Feb. 1960</b> and last saw <sup>her</sup> him alive on <b>Feb. 19, 1960</b> Death occurred at <b>7 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Samuel C. Bonney M.D.</b>				22b. ADDRESS <b>205 E. Elm Washington Mo</b>			22c. DATE SIGNED <b>8/24/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 25, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>El Dorado Springs, Missouri</b>				
24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8/24/60</b>		26. REGISTRAR'S SIGNATURE <b>F. J. Schumann G. P. Hedonny</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1960

**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 Henry W. Ott

Licensed Embalmer No. 356

P. O. Address Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.