URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039401

STATE FILE NUMBER

FILED VS NOV 14 1960

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 218

AMENDED

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Winfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Winfield
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Paul Last: Tayon
4. DATE OF DEATH: Month: Oct. Day: 29 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 3, 1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months: 0 Days: 26
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Riverboat Pilot
10b. KIND OF BUSINESS OR INDUSTRY: Commercial
11. BIRTHPLACE (City and state or country): Hamburg, Illinios
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Tayon
13b. MOTHER'S MAIDEN NAME: Sarah Nelson
14. NAME OF HUSBAND OR WIFE: Nannie Kitson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-10-2836
17. INFORMANT: Mrs. Nannie Tayon, Winfield, Mo. Address

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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive vascular disease — unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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 10-28-60, to 10-29-60 and last saw ~~her~~ him alive on 10-29-60
Death occurred at 1:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Paul W. Lother (Degree or title) M.D.
22b. ADDRESS: 114 N. Main St., St. Chas. Mo.
22c. DATE SIGNED: 10-31-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 31, 1960
23c. NAME OF CEMETERY OR CREMATORY: Winfield Cemetery
23d. LOCATION (City, town, or county) (State): Winfield, Mo.
24. FUNERAL DIRECTOR ADDRESS: Ricks Funeral Home, Elsberry, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 31-60
26. REGISTRAR'S SIGNATURE: Marcella Nelson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, M

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