

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046916

FILED VS. JAN 12 1961 238

Primary Registration District No. 5823 Registrar's No. 101

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Matthews</b>		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hensley Clinic</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Willie</b> Middle <b>Earl</b> Last <b>Taylor</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>60</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. <del>1960</del> BIRTH <b>Sept. 18</b>	9. AGE (last birthday) <b>3 Mo.</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>8</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>Child</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Brownville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Taylor, Willie</b>			13b. MOTHER'S MAIDEN NAME <b>Lee, Ester</b>			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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Willie Taylor Matthew, Mo.</b>				Address	
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>Respiratory Infection</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 Day</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) <b>Dehydration</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 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></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year							
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>12/23/60</b> to <b>12/23/60</b> and last saw <del>him</del> <sup>her</sup> alive on <b>12/23/60</b> Death occurred at <b>12/24/60</b> <b>1:50 A.M.</b> the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Daniel R. Howally MD</b>				22b. ADDRESS <b>211 N. 3rd. St.</b>				22c. DATE SIGNED <b>1/2/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		23b. DATE <b>12-24-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Christie West End Court</b>		23d. LOCATION (City, town, or county) (State) <b>West of Sikeston, Mo</b>				
24. FUNERAL DIRECTOR <b>Christie Funeral Home Sikeston, Mo</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1/5/61</b>		26. REGISTRAR'S SIGNATURE <b>Jay Helgeseth</b>		

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 Fred J. Smith

Licensed Embalmer No. 5440

P. O. Address Skilton

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.