

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008080

AMENDED FILED APR 12 1961 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 31 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY CLINTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLINTON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON | | Length of stay in 1b 12 YRS | c. CITY OR TOWN CAMERON |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 516 E. 5th St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last William Alexander Taylor | | 4. DATE OF DEATH Month Day Year APRIL 3 - 1961 | |
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-27-1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 9. AGE (last birthday) 79 |
| 11. BIRTHPLACE (City and state or country) TENN | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Lee Taylor | | 13b. MOTHER'S MAIDEN NAME Jane Smith | 14. NAME OF HUSBAND OR WIFE Margie Taylor |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 17. INFORMANT Address Mrs. Margie Taylor CAMERON Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Immediate | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <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 Month Day Year a.m. p.m. | | | |
| 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 Dec 24, 1949 to April 3, 1961 and last saw him alive on April 3, 1961 Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) MD | | 22b. ADDRESS Cameron, Mo | 22c. DATE SIGNED 4-5-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 4-5-1961 | 23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery CAMERON | 23d. LOCATION (City, town, or county) (State) Mo. |
| 24. FUNERAL DIRECTOR ADDRESS DeMoss CRUNK - CAMERON Mo | | 25. DATE RECD. BY LOCAL REG. July 6 1961 | 26. REGISTRAR'S SIGNATURE Francis D Crawford |

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 *DeWanda Bryant*

Licensed Embalmer No. 2533
P. O. Address Columbus, Ga.

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.