

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010004

STATE FILE NUMBER

AMENDED

Registration District No. 273

Primary Registration District No. XXXX

Registrar's No. 27

FILED MAR 20 1961

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural Central Twp.

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)

Perryville, R.I.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Perryville

d. STREET ADDRESS

(If outside, give location)

R.I.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jessie Fremont Taplin

4. DATE OF DEATH

Month

Day

Year

March 10, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

April 8, 1872

9. AGE (last birthday)

88

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state of country)

Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joe McCormack

13b. MOTHER'S MAIDEN NAME

Sarah Plant

14. NAME OF HUSBAND OR WIFE

Wm. Taplin Decd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Millie Camte,

Perryville, 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)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Liver failure & jaundice & coma

INTERVAL BETWEEN ONSET AND DEATH

7-10 d.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Heterosplenosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. 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 2-4-53 to 3-10-61 and last saw her alive on 3-10-61
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

(Typed or title)

J. J. Zoellner M.D.

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

3-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

March 13, 1961

23c. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR OR UNDERTAKER'S ADDRESS

2504 WOODSON ROAD

25. DATE RECD. BY LOCAL REG.

3-10-61

26. REGISTRAR'S SIGNATURE

J. J. Zoellner

OVERLAND 14, MISSOURI

(License Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 21 1961

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

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.