

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021021

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 632 STATE FILE NUMBER

AMENDED FILED JUL 10 1961

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield Mo.</u>		c. CITY OR TOWN <u>Ash Grove</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St Johns Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>West part TOWN</u>	

3. NAME OF DECEASED (Type or print) First <u>Goldie</u> Middle <u>Elizabeth</u> Last <u>Taylor</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/23/02</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u>		11. BIRTHPLACE (City and state or country) <u>Clay City, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Clark Scritchfield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>William B. Taylor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		17. INFORMANT <u>Billy Scroggins</u> Address <u>Ash Grove, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u> <u>Automobile Accident</u>		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"/> N- <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Broken Neck, Auto Accident.</u>	
20c. TIME OF INJURY. Hour <u>5 pm</u> Month, Day, Year <u>6 30 61</u>			

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Street #160</u>	20f. CITY, TOWN, OR LOCATION <u>6 mi E. Ash Grove</u>	COUNTY <u>Greene</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>hunts to Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Blum Hendrix, Coroner</u>		22b. ADDRESS <u>Court House</u>		22c. DATE SIGNED <u>7/5/61</u>
23a. BURIAL, CREATION, REMOVE At (Specify) <u>Burial</u>	23b. DATE <u>July 3-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	23d. LOCATION (City and County) <u>Ash Grove MO.</u>	
24. MINERAL DIRECTOR <u>J.W. Finch</u> ADDRESS <u>Ash Grove Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Meeter</u>	

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

JUL 25 1961

MAR 13 1962

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 Richard E. Wally

Licensed Embalmer No. 4652

P.O. Address Ashe Grove

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.