

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021130

AMENDED

Registration District No. 141 Primary Registration District No. 555 Registrar's No. 88

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains, Rt. 1		Length of stay in 1b 55 years	c. CITY OR TOWN West Plains
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1
3. NAME OF DECEASED (Type or print) First Thomas Middle Theodore Last Taylor			4. DATE OF DEATH Month June Day 22 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer and Welfare Officer		10b. KIND OF BUSINESS OR INDUSTRY West Plains, Mo.	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) West Plains, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John A. Taylor		13b. MOTHER'S MAIDEN NAME Sarah Lamon	14. NAME OF HUSBAND OR WIFE Bertha Taylor
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 Bertha Taylor, West Plains, 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) CACHEXIA DUE TO (b) CARCINOMA OF STOMACH DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) ARTERIO SCLEROSIS (2) SENILITY			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 _____ a.m. _____ p.m. _____	Month, Day, Year 11-14-1956	20f. CITY, TOWN, OR LOCATION West Plains, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION West Plains, Mo.	
21. I attended the deceased from 11-14-1956 and last saw her alive on 6-22-61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack N. Wilcox, M.D.		22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED 6-24-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-25-1961	23c. NAME OF CEMETERY OR CREMATORY Howell Valley Cemetery	23d. LOCATION (City, town, or county) (State) Howell County, Mo.
24. FUNERAL DIRECTOR Leland Carter	ADDRESS West Plains, Mo.	25. DATE RECD. BY LOCAL REG. 6-28-61	26. REGISTRAR'S SIGNATURE Beatrice Cook

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 *Edward Carter*

Licensed Embalmer No. 4576

P. O. Address *West Plains*

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.