

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026165
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 3099 Registrar's No. 112

AMENDED

FILED AUG 3 1961

| | | | | | |
|---|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti | | Length of stay in 1b | | c. CITY OR TOWN Portageville, | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Ben Middle Last Taylor | | | 4. DATE OF DEATH Month July Day 15 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/8/1881 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months 3 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) Hazelhurst, Miss | |
| 10c. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Rose Taylor | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Louise Jackson 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 Louise Taylor | | Address Portageville, 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) Cerebrovascular accident DUE TO (b) arterio sclerotic cardiovascular disease DUE TO (c) year | |
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 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 1:45 PM Month, Day, Year 9/23/58 | 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 Portageville, Mo. |
| 21. I attended the deceased from 9/23/58 , to 7/15/61 and last saw him alive on 7/15/61 Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE J. W. Grubbs, M.D. (Degree or title) | | 22b. ADDRESS Portageville, Mo. | |
| 22c. DATE SIGNED 7/21/61 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/19/61 | |
| 23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery | | 23d. LOCATION (City, town, or county) Portageville Missouri | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR DeLisle Funeral Home | | ADDRESS Portageville, Mo. | | 25. DATE RECD. BY LOCAL REG. 7-29-61 | |
| 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan | | | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph A. DeLoach
Licensed Embalmer No. 4481

P. O. Address Bohagville N

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.