

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035593

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 570

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shelby</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Black Creek Township</u> Length of stay in 1b <u>60 yrs</u> c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> Made Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u> c. CITY OR TOWN <u>Shelbyville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R FD # 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Olive Corine Taylor</u>			4. DATE OF DEATH Month Day Year <u>9 - 13 - 1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-14-1869</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Family Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Family Home</u>		11. BIRTHPLACE (City and state or country) <u>Shelby</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Dines</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar Taylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or years of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Dan Taylor Shelbina, 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>Arterio Sclerosis Cerebral</u> (4 yrs) 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 checked="" 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 <u>7 p.m. Aug 18 1958</u>		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.) <u>Shelbyville Mo</u>			
21. I attended the deceased from <u>Aug 18 1958</u> to <u>Sept 13 1961</u> and last saw <u>her</u> alive on _____ Death occurred at <u>7 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. G. Walker M.D.</u> (Degree or title)			22b. ADDRESS <u>Shelbyville Mo</u>		22c. DATE SIGNED <u>9-14-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Shelbyville, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Greening Funeral Home Shelbyville</u>			25. DATE RECD. BY LOCAL REG. <u>9-16-61</u>		26. REGISTRAR'S SIGNATURE <u>Clada Garrison</u>		

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 Charles B. Freeding

Licensed Embalmer No. 4625

P. O. Address Lawrence, Mo.

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.