

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002203

STATE FILE NUMBER

AMENDED

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 2

FILED JAN 24 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview		Length of stay in 1b 10 yrs	c. CITY OR TOWN Grandview Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1608 High Grove Rd		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1608 High Grove Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOMER Middle Orel Last TAYLOR			4. DATE OF DEATH Month 1 Day 21 Year 1962		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-14-15	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Fleming, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James C. Taylor	13b. MOTHER'S MAIDEN NAME Dora Lee Dunbar	14. NAME OF HUSBAND OR WIFE Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) Yes WW# 2	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Mrs. Byron Smith, Richmond, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot & Hemorrhage resulting from shot gun wound of rt. side of neck		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Shot gun wound of rt. side of neck	
	DUE TO (c) of neck	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was shot in neck with
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20c. TIME OF INJURY Hour 7:10 p.m. Month, Day, Year 1-21-62	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.) Home	20f. CITY, TOWN, OR LOCATION Grandview COUNTY Jackson STATE Mo
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ 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) Dr. Charles W. Daddatz	22b. ADDRESS 6627 Pershing Ave	22c. DATE SIGNED 1-22-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-22-62	23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery	23d. LOCATION (City, town, or county) (State) Ray County, Missouri
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24. FUNERAL DIRECTOR E.K. George & Sons, Inc., Grandview, Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 1-22-62 REGISTRAR'S SIGNATURE Charles W. Daddatz
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JAN 30 1962

FEB 23 1962

NOV 30 1962

FEB 5 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 *Sterling E. Eddards*

Licensed Embalmer No. 4911

P. O. Address *Grandview*

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.