

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010589

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 540

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962

VS 300
Rev. 4/59:

6397
20840

3
4 1
5 2
6
7 1
8 2
9 4221
10
11
12 6-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (if outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Pleasant Hope	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) None	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED: First KATHERINE Middle M. Last: TAYLOR		4. DATE OF DEATH: Month April Day 1, Year 1962	
5. SEX Female	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 3 April 1897 9. AGE (last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Arkansas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased	
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. [Redacted] 17. INFORMANT Sam Mauldin (Son) Address Tampa, Florida	
18. CAUSE OF DEATH (Enter only one cause per line. If PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular			INTERVAL BETWEEN ONSET AND DEATH 1 yr
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"/> 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 [Blank] a.m. [Blank] p.m. Month, Day, Year [Blank]	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.) [Blank] 20f. CITY, TOWN, OR LOCATION [Blank] COUNTY [Blank] STATE [Blank]		
21. I attended the deceased from 3-30-62 to 4/1/62 and last saw her live on 3-31-62 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Peter B. Handler, M.D. (Degree or title)		22b. ADDRESS 311 College 6365. Springfield, Missouri 4/2/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/3/62	23c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri
24. FUNERAL DIRECTOR Klingner Mortuary ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 4-4-62	26. REGISTRAR'S SIGNATURE Effie S. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

1962

APR 17 1962

MS
Springfield
Illinois

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 Ogle Stone Jr

Licensed Embalmer No. 4176

P. O. Address Springfield

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.