(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010590

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: SHOULD READ	DATE AMENDED
1	0397	
2	0390	
3	2	
4	0	
5	1	
6		
7	1	
8	1	
9	541.1	
10		
11		
12	1-0	
13		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 457

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RFD#10 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: VILASCO Middle: D. Last: TAYLOR

4. DATE OF DEATH: Month: March Day: 19, Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 19 March 1908

9. AGE (last birthday): 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe Owner

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (City and state or country): Washington

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Taylor

13b. MOTHER'S MAIDEN NAME: Martha Presley

14. NAME OF HUSBAND OR WIFE: Ivaleta Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

17. INFORMANT: Ivaleta Taylor (Wife) Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bile peritonitis due to perforated — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): duodenal ulcer — 36 hrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pielonephritis Rt. Kidney, Cirrhosis Liver & diabetes
PART III. If deceased was female w[illegible] there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-17-62 to 3/19/62 and last saw him alive on 3/19/62
Death occurred at 2:57 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph N. Gillis M.D.

22b. ADDRESS: 1715 Boonville Springfield, Missouri

22c. DATE SIGNED: 3-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 3-21-62

23c. NAME OF CEMETERY OR CREMATORY: Robberson Prairie

23d. LOCATION (City, town, or county) (State): Greene County, Mo.

24. FUNERAL DIRECTOR: Klingner Mortuary ADDRESS: Springfield, Mo.

25. DATE REC'D BY LOCAL REG.: 3-21-62

26. REGISTRAR'S SIGNATURE: Effie G. Mellon

permit issued 3-19-65

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address [illegible]

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.