

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011854

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 79

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 10 1962

VS 300  
Rev. 4/59

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20590

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILlicothe</b>		Length of stay in 1b <b>3 DAYS</b>	c. CITY OR TOWN <b>UTICA</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NO STREET ADDRESS</b>
3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>EDWARD</b> Last <b>TAYLOR</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/21/1876</b>
10a. USUAL OCCUPATION (Give kind of work done during year or working life, if retired) <b>RET. POSTAL SERVICE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S.A.</b>	11. BIRTHPLACE (City and state or country) <b>LEVENWORTH, KAN.</b>
13a. FATHER'S NAME <b>JOHN HENRY TAYLOR</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA FRY</b>	14. NAME OF HUSBAND OR WIFE <b>ARTIE NEILA ALLEN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>1824 Paseo Blvd. CLYDE V. TAYLOR: Kansas City, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Dehydration &amp; Malnutrition</b>			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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>July 1955</b> to <b>March 18, 1962</b> and last saw him alive on <b>3/17/62</b> Death occurred at <b>1:45 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William L. Four, M.D.</b>		22b. ADDRESS <b>Chillicothe, MO</b>	22c. DATE SIGNED <b>3/30/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3/21/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UTICA CEMETERY</b>	23d. LOCATION (City, town, or county) <b>UTICA, MISSOURI</b>
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 21, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Annala Taylor</b>

VS APR 11 1962

MAY 4 1962

APR 19 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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

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.

*Dr. Chavis*