

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028040

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 126

FILED JUL 18 1962

VS 300
Rev. 4/59

1 0780

2 0780

3 2

4 2

5 1

6

7 1

8 0

94201

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lemire</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lemire</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Hayti Mo.</u>		c. CITY OR TOWN <u>Hayti Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>No. 2 Poplar Route</u>	
3. NAME OF DECEASED (Type or print) First <u>Edd</u> Middle <u>Taylor</u> Last <u>Taylor</u>		4. DATE OF DEATH Month <u>6</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-2-04</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Farm.</u>	11. BIRTHPLACE (City and state or country) <u>Raymond, Miss U. S. A.</u>
13a. FATHER'S NAME <u>Sam Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Norris Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Taylor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Maggie Taylor, Hayti, Mo.</u>		Address	
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>Coronary Occlusion</u> DUE TO (b) <u>arteriosclerotic Hypertension</u> DUE TO (c) <u>Arteriosclerotic Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>12 min.</u>
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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICID <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 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 <u>6-30-62</u> to <u>6-30-62</u> and last saw ^{him} alive on <u>6-30-62</u> Death occurred at <u>2</u> <u>0</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edd Taylor</u>		22b. ADDRESS <u>Hayti, Mo.</u>	22c. DATE SIGNED <u>7-8-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-8-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti Mo.</u>
24. FUNERAL DIRECTOR <u>V. J. Smith</u>		ADDRESS <u>Hayti, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-12-62</u>
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JUL 19 1962

JUL 24 1962

AUG 21 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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.

Embalment permit was obtained - Ed