

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041384

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 4528 Registrar's No. 185

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1962

VS 300  
Rev. 4/59

1080  
210802

3  
4 0  
5 1  
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7 0  
8 2  
94200  
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1290-0  
13 1-0

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 <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moundville</u>		Length of stay in 1b <u>43 years</u>	c. CITY OR TOWN <u>Moundville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Moundville</u>
3. NAME OF DECEASED (Type or print) First <u>Artie</u> Middle <u>Frances</u> Last <u>Taylor</u>		4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>3/13/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop Farming</u>	11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>
13a. FATHER'S NAME <u>Ruber Thomas Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Gowin</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Elizabeth Taylor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Bertie E Taylor Moundville, Missouri</u>
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>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Arteriosclerotic heart disease</u>
			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 <u>1:45</u> s.m. p.m. Month, Day, Year <u>July 1955</u>	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>July 1955</u> to <u>Oct 16, 1962</u> and last saw him alive on <u>Oct 15, 1962</u> Death occurred at <u>9:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ray W. Pearcey MD</u> (Degree or title)		22b. ADDRESS <u>Nevada, Mo</u>	22c. DATE SIGNED <u>10/17/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Welborn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moundville, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Eichinger-Milster Funeral Home Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-1962</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>

FILED OCT 8 1984

name

address

city

state

zip

county

cause of death

sex

age

race

no.

date

time

place

to be embalmed

to be buried

to be cremated

other instructions

to be buried

to be cremated

embalmer's name

no.

**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

*Sency F. Milata*

Licensed Embalmer No. 4805

P. O. Address Newada, Mo.

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.