

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-043099  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 596

FILED DEC 20 1962

VS 300  
Rev. 4/59

1 7005

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		Length of stay in 1b <b>40 YEARS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1101 SOUTH DODGION</b>		d. STREET ADDRESS (If outside, give location) <b>1101 SOUTH DODGION</b>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>DAWSON</b> Last <b>TAYLOR</b>		4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-15-1887</b>
9. AGE (last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTING PRESSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRINTER</b>	11. BIRTHPLACE (City and state or country) <b>ST JOSEPH, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>		13. NAME OF HUSBAND OR WIFE <b>ISABELLA TAYLOR</b>	
13a. FATHER'S NAME <b>JAMES TAYLOR</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA DAWSON</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. _____	
17. INFORMANT <b>ISABELLA TAYLOR</b>		Address <b>1101 SOUTH DODGION</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Overexertion at time of accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 min</b> <b>unknown</b>
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 checked="" 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.) <b>The patients car was hit from behind. In the exertion of getting out in the cold he over-taxed his heart and died. His death would not have occurred except for the accident.</b>	
20c. TIME OF INJURY Hour <b>6:15</b> p.m.	Month, Day, Year <b>12 10 62</b>	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.) <b>on the street</b>		20f. CITY, TOWN, OR LOCATION <b>Independence</b>	COUNTY <b>Jackson</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>7-12-62</b> to <b>12-10-62</b> and last saw him alive on <b>11-12-62</b> Death occurred at <b>6:15 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>Juan P. Lloyd, M.D.</b>		22b. ADDRESS <b>110 E Alton, Ind. Mo</b>	22c. DATE SIGNED <b>12-15-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>DECEMBER 13, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUND GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>ROLAND R. SPEAKS INDEPENDENCE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-13-62</b>	26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 18 1962

JAN 10 1963

**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 Don D. Lindsey

Licensed Embalmer No. 5198

P. O. Address Ship No

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.