

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046486

FILED DEC 26 1962 118

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 34

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6370
20370

3
4 0
5 1
6
7 1
8 0
9 4201
10
11
12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GASCONADE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CANAAN TWP		Length of stay in 1b 7 YEARS	c. CITY OR TOWN BLAND		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FARM HOME			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE	
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT FRANKLIN TAYLOR			4. DATE OF DEATH Month Day Year 12 15 62		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/1908	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (City and state or country) SUMMERSGT, KY.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME CLEVELAND TAYLOR		13b. MOTHER'S MAIDEN NAME ARTIE MAY DICK		14. NAME OF HUSBAND OR WIFE DOVA TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS DOVA TAYLOR - BLAND Mo. RT.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Degenerative Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 10 Min. 15 Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Atherosclerosis					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"/>	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.		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 1952 to Dec 15, 1962 and last saw ^{her} him alive on Nov 15, 1962 Death occurred at 4:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank A. Elders, M.D.			22b. ADDRESS Cuba, Mo.		22c. DATE SIGNED 12/15/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-18-1962	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		23d. LOCATION (City, town, or county) Owensville Mo.
24. FUNERAL DIRECTOR GOTTENSTROETER FUNERAL HOME		ADDRESS OWENSVILLE Mo.		25. DATE RECD. BY LOCAL REG. December 18, 1962	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer

USE BLACK INK OR TYPEWRITER RIBBON

JAN 3 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 Welford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.