

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047868

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. ~~304~~ Registrar's No. 195

FILED JAN 3 1963

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Rev. 4/59

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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>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bois Brule Twp.</u>		c. CITY OR TOWN <u>Perryville</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville, R.3.</u>		d. STREET ADDRESS (If outside, give location) <u>R.3.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Nathalie</u> Middle <u>Taylor</u> Last <u>Elder</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 12, 1911</u>
9. AGE (last birthday) <u>51</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe-Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>	11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Arthur Taylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Floy Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>J. Leonard Elder</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>Perryville, Mo., R.3.</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>Myocardial Infarction, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
DUE TO (b) <u>Coronary occlusion, acute</u>		<u>1/2 hr.</u>	
DUE TO (c) <u>Coronary Insufficiency</u>		<u>2 Days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" 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>5:25</u> s.m. <u>p.m.</u> Month, Day, Year <u>12/28/62</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 <u>Perryville, Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>12/28/62</u> to <u>12/29/62</u> and last saw her/him alive on <u>12/29/62</u> Death occurred at <u>5:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. E. McDaniel, MD</u> (Degree or title)		22b. ADDRESS <u>Perryville, Mo.</u>	
22c. DATE SIGNED <u>12/31/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 2, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	
23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u>		23e. LOCATION (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Albert Bey</u> ADDRESS <u>Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-31-62</u>	
26. REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>			

