

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040596

STATE FILE NUMBER

Registration District No. 195

Primary Registration District No. 4308

Registrar's No. 57-63

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 14 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY McDonald		a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		c. CITY OR TOWN Anderson	
Length of stay in lb None		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 90 West		d. STREET ADDRESS (If outside, give location) Rt. # 3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Richard Middle Albert Last Taylor			Month November Day 3 Year 1963
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		2-12-1945
			9. AGE (last birthday) 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Kansas State College	11. BIRTHPLACE (City and state or country) Chicago, Illinois
13a. FATHER'S NAME Clyde Taylor		13b. MOTHER'S MAIDEN NAME Ruth Conn	14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Clyde Taylor, Anderson, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Accidental Death Due to CAR Accident			Sudden
DUE TO (b) Multiple Fractures - internal injuries - & Head injuries			
DUE TO (c) Investigated By Court Bradley Coroner			
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.) Car Hit Bridge Abutment Highway 90 - 1 mile So. Noel - Mo.	
20c. TIME OF INJURY Hour 12:30 a.m. PM Month, Day, Year 11-3-1963	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.)		20f. CITY, TOWN, OR LOCATION	STATE
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Court Bradley Coroner		22b. ADDRESS Pinney Mo.	22c. DATE SIGNED 11-4-1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-1963	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) Stella, Missouri
24. FUNERAL DIRECTOR ADDRESS Downey-Woodard-Mooney, Inc. Pineville, Mo.		25. DATE RECD. BY LOCAL REG Nov. 4, 1963	26. REGISTRAR'S SIGNATURE May G. Bradley

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1 **0600**
2 **0600**
3
4 **0**
5 **0**
6
7 **1**
8 **2**
9 **K**
10
11 **060**
12 **90-3**
13 **1-0**

NOV 15 1963

DEC 31 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 Maughan S. Maoney

Licensed Embalmer No. 5199

P. O. Address Anderson, 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.

Bureau Permit Issued 11-4-63