

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico | | Length of stay in 1b 16 hours | c. CITY OR TOWN Vandalia Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) Audrain Co. Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 517 S. Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) William Wallace Taylor | | | 4. DATE OF DEATH December 6, 1963 | | |
|--|--|--|---|--|--|

| | | | | | | |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|
| 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 3/5/1881 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|

| | | | |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Philadelphia, Pa. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|--|-----------------------------------|--|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME Bertram Howell Taylor | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Leta Moore Taylor |
|--|---|---|

| | | |
|---|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I. (Spanish American) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Leta Taylor, Vandalia, 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) Myocardial infarction | | 16 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary thrombosis | 16 hrs. |
| | DUE TO (c) Coronary Artery Disease | Unknown |

| | |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus | 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 a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

| | | | | |
|--|--|------------------------------|--------|-------|
| 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 12-5-63 to 12-6-63 and last saw her/him alive on 12-5-63
Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|------------------------------------|--------------------------------|-------------------------------------|------------------------------------|
| 22a. SIGNATURE <i>W.D. Swan</i> | (Degree or title) DO | 22b. ADDRESS Vandalia, Mo | 22c. DATE SIGNED 12-8-63 |
|------------------------------------|--------------------------------|-------------------------------------|------------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-8-63 | 23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery | 23d. LOCATION (City, town, or county) (State) Vandalia, Missouri |
|--|-----------------------------|--|--|

| | | | |
|--|---------|---|---|
| 24. FUNERAL DIRECTOR William Blanton, Vandalia, Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. Dec. 11-1963 | 26. REGISTRAR'S SIGNATURE <i>Alberta Edmonston</i> |
|--|---------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ

VS 300
Rev. 4/59
1047
20041
3
4
5
6
7
8
94201
10
11
12 1-2
13 30

JAN 8 1964

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 William B. Lester

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

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.