

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046616

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3343

STATE FILE NUMBER

FILED NOV 20 1963

VS 300
Rev. 4/59

1 4000

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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. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MARION			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 31 DAYS		c. CITY OR TOWN HANNIBAL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 419 MUNGER	
3. NAME OF DECEASED (Type or print) RAYMOND SAMUEL TAYLOR			4. DATE OF DEATH Month OCTOBER Day 31 , Year 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 9-1-97	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY STEEL COMPANY		11. BIRTHPLACE (City and state or country) MT. STERLING, ILL.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME LUTHER TAYLOR		13b. MOTHER'S MAIDEN NAME MINNIE BELL FLYNN	
14. NAME OF HUSBAND OR WIFE RUTH TAYLOR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) YES WW-I		16. SOCIAL SECURITY NO. 34	
17. INFORMANT MRS. RUTH TAYLOR, 419 MUNGER, HANNIBAL, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCCLUSION OF CORONARY ARTERY		INTERVAL BETWEEN ONSET AND DEATH SUDDEN	
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		DUE TO (c)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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	
BILATERAL BRONCHOPNEUMONIA, LOWER LOBES. PULMONARY EMPHYSEMA		19. WAS AUTOPSY PERFORMED? YES <input checked="" 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. / 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. <input checked="" type="checkbox"/> VA attended the deceased from 9-30-63 to 10-31-63 and not seen him since on Death occurred at 6:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deed or title) <i>Charles R. Gauthier</i>		22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.	
22c. DATE SIGNED 10-31-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-1-63	
23c. NAME OF CEMETERY OR CREMATORY Hannibal, Mo.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Smith Funeral Home, Hannibal, Missouri.		25. DATE RECD. BY LOCAL REG. 11-1-63		26. REGISTRAR'S SIGNATURE <i>John B. Mumfry M.D.</i>	

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 *John J. Haines*

Licensed Embalmer No. 4105

P. O. Address *St Louis 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.