

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. **4675**
Registrar's No. **197-B**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MS. b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Van Buren Township	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location) West of Pine Ct 4 mi	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1943 W. Chestnut St.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WESLEY c. (Last) TAUNTON		4. DATE OF DEATH (Month) / (Day) (Year) Feb 27 - 1952	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 17, 1865	
9. AGE (In years last birthday) 86		10. MONTHS 7 DAYS 10	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (State or foreign country) Canada (CANADA)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Taunton		13b. MOTHER'S MAIDEN NAME May A. Ayers	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. 9, or unknown) No (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None	
16. INFORMANT'S SIGNATURE OR NAME Raymond Taunton		17. ADDRESS Wentworth Ms	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease 2 mos.		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:45 p.m. 2-27-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-13, 1952 to 2-27, 1952 that I last saw the deceased alive on 2-25, 1952 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Don J. Silsby MD (Degree or title)		23b. ADDRESS Springfield Ms	
23c. DATE SIGNED 3-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 2-52	
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Lawrence County Ms	
DATE REC'D BY LOCAL REG. 3-6-52		REGISTRAR'S SIGNATURE Jama K. Amos, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Brea		ADDRESS Pine Ct Ms	

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, Edwin J. Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin J. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address June Ct 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 this body is not embalmed, fact should be so stated above.