

No. 30  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29367

State File No. ....

FILED AUG 31 1953

BIRTH NO. ....		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5785</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Route #1 Bertrand</u>		c. LENGTH OF STAY (in this place) <u>6 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route #1 Bertrand</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1 Bertrand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. Route #1 Bertrand</u>				0670			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Chambliss</u>		b. (Middle) <u>Keith</u>		c. (Last) <u>Taylor</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>6</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 20, 1933</u>	
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 11 HRS. Hours <u>  </u> Min. <u>  </u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Invalid</u>		11. BIRTHPLACE (State or foreign country) <u>Double Springs, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Newton Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Essie Barker</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Essie Taylor, R#1 Bertrand, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary dilatation</u>				<u>3-4 hrs</u>	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>muscular dystrophy</u> <u>18 years</u>	
		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					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7441					
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) (Min.)		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 <u>6-29, 1951</u> , to <u>6-6, 1953</u> , that I last saw the deceased alive on <u>12-29, 1952</u> , and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William L Davis MD</u> (Degree or title)				23b. ADDRESS <u>Charleston Mo.</u>		23c. DATE SIGNED <u>6-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dogwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Jean Sanchez</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edward G. ...</u>		ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>	

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

690

AUG 26 REC'D  
RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed AUG 28 1958

---

---

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 .....  
Student Embalmer

Signed Edward E. Nunn

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.