

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17363

State File No.

BIRTH NO. 32380-56 REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville Mo.</u>		c. LENGTH OF STAY (In this place) <u>19 1/2 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u>		OR TOWN <u>0860</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAMELIA</u>		b. (Middle) <u>SUE</u>		c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY - 11 - 1956</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY - 10 - 1956</u>		9. AGE (In years last birthday) Months Days <u>0 0 0</u>	IF UNDER 1 YEAR Hours Min. <u>19 30</u>	IF UNDER 4 HRS. Hours Min. <u>19 30</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>Unionville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Justin Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>Betty J. Taylor</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty J. Taylor Unionville, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature 26 weeks</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		7635		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		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>May 10, 1956</u> , to <u>May 11, 1956</u> , that I last saw the deceased alive on <u>May 11, 1956</u> , and that death occurred at <u>4 1/2 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas L. Ladd D.O.</u>				23b. ADDRESS <u>202 Unionville Mo</u>		23c. DATE SIGNED <u>5/12/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY - 15 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MILAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MILAN MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>By J. W. Bennett</u>		ADDRESS <u>Unionville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James W. Consted*
.....
Licensed Embalmer No. *4197*

P. O. Address *Unionville, N.C.*

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.