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FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32420
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile N.W. of Webb City — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Butler
c. CITY OR TOWN El Dorado — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1425 W. Central (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Oliver Middle: Emmett Last: Taylor

4. DATE OF DEATH Month: Sept. Day: 29 Year: 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 27, 1901
9. AGE (In years last birthday) 56
IF UNDER 1 YEAR: Months 6 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Greene Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME V Taylor
14. MOTHER'S MAIDEN NAME Henryetta Heacock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Avis Taylor — Address 1425 W. Central El Dorado, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 976 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Self inflected gunshot wound in mouth with a 4-10-shotgun
20c. TIME OF INJURY Hour 12:30 ~~A.M.~~ P.M. Month, Day, Year 9-29-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1 Mile N.W. of Webb City
20f. CITY, TOWN, OR LOCATION Webb City COUNTY Mo. STATE

21. I attended the deceased from DID NOT ATTEND to and last saw her/him alive on
Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE X George Jackson (Degree or title) Sheriff & act. Coroner
22b. ADDRESS Court House Carthage Mo
22c. DATE SIGNED Sept 30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-1-57
23c. NAME OF CEMETERY OR CREMATORY Sunset Lawns
23d. LOCATION (City, town, or county) (State) El Dorado, Kansas

24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary — ADDRESS Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 9-30-57
26. REGISTRAR'S SIGNATURE Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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County File Number

Date Filed OCT 7 1957

OCT 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harvey E. Arnce

Licensed Embalmer No. 44

P. O. Address Attb. City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.