

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

40842

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	c. LENGTH OF STAY (In this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1226 Grand Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>1226 Grand Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BROOKS</u> b. (Middle) <u>WORTHINGTON</u> c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 15 - 57</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 20, 1894</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrolux</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Garfield, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John C. Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Vicie Mahurin</u>	14. NAME OF HUSBAND OR WIFE <u>Anna L. Garrett</u>		
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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>494-18-0752</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Taylor, 1926 Missouri Avenue, Carthage, Mo.</u>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis of Arteries</u>		
	DUE TO (c) <u>Arteriosclerosis Generalized</u>		
	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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4500</u>
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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?
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22. I hereby certify that I attended the deceased from 6/13, 1948, to 11/15, 1957, that I last saw the deceased alive on 11/10, 1957, and that death occurred at 7:50 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Missouri M.D. 304 Grant St., Carthage</u>	23c. DATE SIGNED <u>11/15/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/15/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ruddick Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garfield, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>11-16-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KNELL MORTUARY, Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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INSPECTION COUNTY HEALTH OFFICE

County and Member 57-11-945

Date Filed NOV 21 1957

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APR 11 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 Signature of Student Embalmer

Signed *D. L. Isbell*

Licensed Embalmer No. 4970

P. O. Address *Conthage, Pa.*

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.