

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017117

STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 359

Primary Registration District No. 6222

Registrar's No. 6

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moundville		c. CITY OR TOWN Moundville 1080	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy # 43		d. STREET ADDRESS (If outside, give location) Hy # 43	
Length of stay in 1b 57 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Clarence Last Taylor			4. DATE OF DEATH Month April Day 17 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-9-1879
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Johnson County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Rubin Thomas Taylor	
14. MOTHER'S MAIDEN NAME Mary Jane Gowin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Artie F. Taylor Address Moundville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparent (Crucy) Heart Attack			INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) No Previous medical attention			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Man was found dead in bed.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Moundville - home Mo.	
20f. CITY, TOWN, OR LOCATION Moundville - Vernon Mo.		20g. COUNTY Vernon	
20h. STATE Mo.			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard H. Winter (Degree or title) Coroner 3		22b. ADDRESS Nevada - Mo.	
22c. DATE SIGNED 4/14/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-16-58	
23c. NAME OF CEMETERY OR CREMATORY Telborn Cemetery		23d. LOCATION (City, town, or county) Moundville, Missouri	
24. FUNERAL DIRECTOR Eichinger Funeral Home-Nevada, Mo		25. DATE RECD. BY LOCAL REG. May 7 1958	
26. REGISTRAR'S SIGNATURE Ms. Ruth Faith			

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Percy F. Milster*.....

Licensed Embalmer No. *480*

P. O. Address *Nevada,*

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