

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-1-19092

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 234

Primary Registration District No. 5815

Registrar's No. 16

5. 300
1-57
710

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAWCREEK Twp		c. CITY OR TOWN HAWCREEK Twp	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/4 MILE E OF STOVER		d. STREET ADDRESS (If outside, give location) 1/4 MILE E OF STOVER	
3. NAME OF DECEASED (Type or print) First MILTON Middle LLOYD Last TAYLOR		4. DATE OF DEATH Month MAY Day 10 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 1 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) BENTON COUNTY MO
13a. FATHER'S NAME ENOCH WOODSON TAYLOR		13b. MOTHER'S MAIDEN NAME MARTHA REED	14. NAME OF HUSBAND OR WIFE PEARL TAYLOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wd. or dates of service) YES 1905-1908		16. SOCIAL SECURITY NO. NONE	17. INFORMANT PEARL TAYLOR Address STOVER 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) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart disease			3 yrs.
DUE TO (c) _____			4200
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 <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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from Jan 15, 1958 , to May 10, 1958 and last saw him alive on May 1, 1958 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. L. Washburn M.D.		22b. ADDRESS Versailles Mo	
22c. DATE SIGNED 5/12/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 11 1958	23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	23d. LOCATION (City, town, or county) (State) STOVER MO.
24. FUNERAL DIRECTOR J. R. Stevinson ADDRESS Stover Mo.		25. DATE RECD. BY LOCAL REG. May 12 1958	26. REGISTRAR'S SIGNATURE Wm L Ripberger

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

MAY 22 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 not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P.O. Address Stouev...

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.