

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026112

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 169

Primary Registration District No. 4258

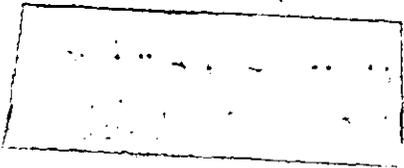
Registrar's No. 37

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>KNOX</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>LEWIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>EDINA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>LA BELLE 0560</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GIBSON Hospital</b>		Length of stay in 1b <b>5 WEEKS</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>SUSANNA B TAYLOR</b>			4. DATE OF DEATH <b>July 11 1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV 5 1880</b>		9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>KNOX COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>UNITED STATES</b>
13a. FATHER'S NAME <b>N. B. Jones</b>		13b. MOTHER'S MARDEN NAME <b>LYDIA SALES</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES TAYLOR</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>497-42-0911</b>		17. INFORMANT <b>ELSTON TAYLOR</b> Address <b>KNOX CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>					<b>3 weeks</b>
DUE TO (c) <b>Arteriosclerosis</b>					<b>33 1/2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Malnutrition</b>					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>June 18 1958</b> to <b>July 11 1958</b> and last saw her alive on <b>July 11 1958</b> Death occurred at <b>9:01 AM</b> on or on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Myron J Keyes do 2</b>			22b. ADDRESS <b>Edina Mo.</b>		22c. DATE SIGNED <b>July 11 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>July 13, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LA BELLE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>LA BELLE MO.</b>
24. FUNERAL DIRECTOR <b>J. A. CODER, JR.</b>		ADDRESS <b>LA BELLE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>July 18 58</b>	26. REGISTRAR'S SIGNATURE <b>Helle A Hundt</b>

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.



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

Student .....  
Signature of Student Embalmer

Signed J. L. Baker Jr. .....  
Licensed Embalmer No. 4328  
P. O. Address La Belle, Mo

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.