

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029426

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 393

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, give TOWNSHIP only) <u>Joplin</u> OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Carl Junction</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. John's Hosp.</u> HOSPITAL OR INSTITUTION		Length of stay in 1b <u>30 Days</u>	d. STREET ADDRESS (If outside, give location) <u>6470</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Percy Taylor</u>		Middle <u>Taylor</u>	Last <u>Taylor</u>
4. DATE OF DEATH <u>8-8-1958</u>	Month <u>8</u>	Day <u>8</u>	Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1871</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Laundry Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning</u>	11. BIRTHPLACE (City and state or country) <u>Brandenburg Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>Lena Jane Taylor</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>Betty Myers</u>		Address <u>118 N. Moyer Joplin Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>undetermined</u>
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 <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <u>  </u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>7/11/58</u> to <u>8/8/58</u> and last saw him alive on <u>8/8/58</u> Death occurred at <u>10 30 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H.K. Wieman M.D.</u>		22b. ADDRESS <u>Joplin Mo</u>	22c. DATE SIGNED <u>8/11/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 9, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Webb City Mo</u>
24. FUNERAL DIRECTOR <u>Thomhill Dallon</u>		25. DATE RECD. BY LOCAL REG. <u>8-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Dorice Merriam</u>

All diseases in Part I must be causally related. No symptoms will be listed. No symptoms were memorized in Part I.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David DeLeon* .....

Licensed Embalmer No. *3898* .....

P. O. Address *Josephine 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.