

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038856  
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 032 Primary Registration District No. Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lutesville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at Home</b>		Length of stay in lb <b>LIFE</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>PINKNEY MARCUS TAYLOR</b>			4. DATE OF DEATH Month Day Year <b>Nov. 28, 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>Apr. 6, 1873</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Glen Allen, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Jacob Taylor</b>	
13b. MOTHER'S MAIDEN NAME <b>Clementine Shrum</b>		14. NAME OF HUSBAND OR WIFE <b>Eletha Jane Mouser</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Lester M. Taylor, Lutesville Mo</b>
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident (stroke)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebrovascular and generalized arteriosclerosis ?</b>			
DUE TO (c) <b>334 X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Obstructive emphysema - senility - Carcinomatosis suspected.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>---</b>	
21. I attended the deceased from <b>11/27/58</b> to <b>11/28/58</b> and last saw him alive on <b>11/28/58</b> Death occurred at <b>9:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. Breece M.D.</b> (Degree or title)		22b. ADDRESS <b>Marble Hill Mo.</b>	22c. DATE SIGNED <b>12/1/58</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Glenn Allen Cem</b>	23d. LOCATION (City, town, or county) <b>Glenn Allen, Mo</b> (State)
24. FUNERAL DIRECTOR <b>Steve Ward, Lutesville Mo</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300 / 1-57

JAN 5 1959

SEP 1 1961

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 *R.O. David* .....

Licensed Embalmer No. *4538* .....

P. O. Address *Jackson Miss* .....

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.