

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006727

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 294 Primary Registration District No. 6009 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt River</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Jacksonville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD #1 Jacksonville Life</u>			Length of stay in 1b <u>Life</u>			d. STREET ADDRESS <u>RFD #1</u>		
3. NAME OF DECEASED (Type or print) <u>JACK TAYLOR</u>				4. DATE OF DEATH Month <u>Mar</u> - Day <u>3</u> - Year <u>1959</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May-9-1889</u>		
9. AGE (In years last birthday) <u>69</u>			10. KIND OF BUSINESS OR INDUSTRY <u>Farmer &amp; Carpenter</u>		11. BIRTH PLACE (City and state or country) <u>Jacksonville MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Marion M. Taylor</u>				14. MOTHER'S MAIDEN NAME <u>Rhoda Pollard</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>41-07-2555</u>		17. INFORMANT <u>Daisy Taylor Jacksonville 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>Cause of death undetermined</u> DUE TO (b) <u>suspect dissecting aortic aneurysm</u> DUE TO (c) <u>you</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 mo.</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.) <u>451x</u>					
20c. TIME OF INJURY Hour <u>7:00</u> Month, Day, Year			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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>Nov 15, 1958</u> to <u>March 3, 1959</u> and last saw <u>him</u> alive on <u>Feb 28, 1959</u> . Death occurred at <u>7:00 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Clarence C. Cobles MD</u>				22b. ADDRESS <u>317 Virginia, Moberly MO</u>		22c. DATE SIGNED <u>Mar 4, 1959</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>Mar-5-1959</u>		<u>Salem Cemetery</u>		<u>Jacksonville MO</u>		
24. FUNERAL DIRECTOR <u>Interfuneral Home Moberly MO.</u>			25. DATE RECD. BY LOCAL REG. <u>3-5-59</u>		26. REGISTRAR'S SIGNATURE <u>Joe A. ...</u>			

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

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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. M. Carter*

Licensed Embalmer No. *4*

P. O. Address *Moberly*

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