

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016633

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 4

Primary Registration District No.

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>ATCHISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FAIRFAX</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mound City</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>Community Hosp.</b>		Length of stay in lb <b>12 DAYS</b>	044 <sup>d</sup> STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LEWIS RAY TAYLOR</b>			4. DATE OF DEATH Month Day Year <b>MAY 16, 1959</b>
5. SEX <b>MALE</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>MAR. 21, 1889</b>
9. AGE (In years less birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EDITOR</b>	11. BIRTHPLACE (City and state or country) <b>WATSON, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>MARION TAYLOR</b>	13b. MOTHER'S MAIDEN NAME <b>EMMA P. HACKETT</b>
14. NAME OF HUSBAND OR WIFE <b>MARGARET TAYLOR</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>495-07-2536</b>
17. INFORMANT <b>EARL M. HACKETT</b>		Address <b>TARKIO, 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>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.) <b>331X</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 <b>May 4-59</b> to <b>May 16-59</b> and last saw him alive on <b>May 15-59</b> Death occurred at <b>Ray of Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. J. Ferry</b>		(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Mound City Mo</b>
22c. DATE SIGNED <b>5-16-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 18, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High CREEK</b>	23d. LOCATION (City, town, or county) (State) <b>ATCHISON Co., Missouri</b>
24. FUNERAL DIRECTOR <b>James A. ...</b>		ADDRESS <b>...</b>	25. DATE RECD. BY LOCAL REG. <b>May 18, 1959</b>
			26. REGISTRAR'S SIGNATURE <b>Marvin N. Schaefer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 *James H. Crawford* .....

Licensed Embalmer No. *4796*.....  
P. O. Address *Mound City*.....

Nbte: 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.