

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016926

FILED MAY 25 1959

XC-1224833

REG.# 15122

Registration District No. 43

Primary Registration District No. 3607

STATE FILE NUMBER

Registrar's No. 231

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN POPLAR BLUFF	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 10 YRS.		d. STREET ADDRESS (If outside, give location) 509 SOUTH "C" STREET	
Length of stay in lb 10 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ORA DENNIS TAYLOR			4. DATE OF DEATH Month Day Year MAY 10, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/8/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORK		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) MANSVILLE, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES TAYLOR		13b. MOTHER'S MAIDEN NAME SARAH LYNN	
14. NAME OF HUSBAND OR WIFE BERTHA TAYLOR		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WWI	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE.			INTERVAL BETWEEN ONSET AND DEATH 1 Hour
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) EMPHYSEMA, PULMONARY.			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. <input checked="" type="checkbox"/> attended the deceased from NOV. 10, 1958 to MAY 10, 1959 and to his/her death occurred at 11:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert S. Cohen, M.D., Chief, Med. Svc.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 5/11/59			
23a. BURIAL, CREMATION, REMOVAL (specify) Burial		23b. DATE 5-14-59	
23c. NAME OF CEMETERY OR CREMATORY Black Creek Cem.		23d. LOCATION (City, town, or county) (State) Butler County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 5/16/59	
26. REGISTRAR'S SIGNATURE <i>R. Muehler</i>			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Edgar W. Lafford*

Licensed Embalmer No. *13394*
P. O. Address *Posed Bluff*

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.