

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018499
State File No.

FILED JUN 15 1959

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>435-5823</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>New Madrid</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>New Madrid</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>1017 Mill St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulietta</u>		b. (Middle) _____		c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-31-1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <u>Feb. 8, 1894</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winston Co. Alabama</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Winston Co. Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>H. A. Hood</u>			
13a. FATHER'S NAME <u>H. A. Hood</u>		13b. MOTHER'S MAIDEN NAME <u>Abigale Goodsey</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Taylor-New Madrid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. D. Collins</u> ADDRESS <u>New Madrid, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>				3	
		DUE TO (c) <u>Diabetes Mellitus</u>				?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>1</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May, 1958</u> to <u>30 May 1959</u> , that I last saw the deceased alive on <u>30 May 1959</u> , and that death occurred at <u>9:40 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank P. Henderson</u> (Degree or title) _____				23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>3 June 59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 4/1959</u>		REGISTRAR'S SIGNATURE <u>Fay Hedegepeth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Hedegepeth</u> ADDRESS <u>New Madrid, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. J.

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 *Ed Hedgepeth*

Licensed Embalmer No. *380*

P. O. Address *New Madrid*

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.