

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021909
STATE FILE NUMBER

FILED JUL 9 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 320

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Diamond | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns | | Length of stay in lb 2 days | d. STREET ADDRESS Rt 1 (If outside, give location) | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Jeanne Middle Ann Last Taylor | | | 4. DATE OF DEATH Month Day Year 6-27-1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH June 25, 1959 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Infant | 11. BIRTHPLACE (City and state or country) Joplin, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Curtis Taylor | | | 14. MOTHER'S MAIDEN NAME Betty Jean Jackson | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mr. Curtis Taylor Diamond, Missouri | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>anemia complete congenital</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) <i>atresia of descending colon congenital 7573</i> | | | | | 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.) | | |
| 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 <i>6/25/59</i> to <i>6/27/59</i> and last saw her alive on <i>6/27/59</i> Death occurred at <i>6/27/59 3:35 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>J B Graves M.D.</i> | | | 22b. ADDRESS <i>616 Connor Joplin</i> | | 22c. DATE SIGNED <i>6/28/59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-30-1959 | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park | | 23d. LOCATION (City, town, or county) (State) Joplin, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS She:make Funeral Home Granby, Missouri | | 25. DATE RECD. BY LOCAL REG. 7-3-1959 | 26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i> | | |

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
F. B. GARLES, M.D.
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Floyd E. Skowronek*.....

Licensed Embalmer No.....*4*
Box 58 Stanley
P. O. Address.....

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.