

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030066

FILED VS AUG 20 1959 240

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 96

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pulaski Co			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri		Length of stay in 1b 40 days	c. CITY OR TOWN LaQuey, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. #		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ferrel D. Taylor.			4. DATE OF DEATH Month Day Year Aug. 7, 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 May. 30/1893 (66)	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months 2 Days 7 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insulator for DX Sunray		10b. KIND OF BUSINESS OR INDUSTRY Co. Farmer.	11. BIRTHPLACE (City and state or country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ransom L. Taylor.		13b. MOTHER'S MAIDEN NAME Hannah Goss.		14. NAME OF HUSBAND OR WIFE Pearl E. Taylor.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War I.		16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT Address Mrs. Pearl E. Taylor, LaQuey, 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) <i>Acute coronary right heart failure,</i> DUE TO (b) <i>myocardial insufficiency, chronic years</i> DUE TO (c) <i>coronary insufficiency, chronic years.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>D. Deerlick M.D.</i>			22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 8/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/9/59	23c. NAME OF CEMETERY OR CREMATORY Deerlick Cemetery		23d. LOCATION (City, town, or county) (State) Waynesville, MO Rural.		
24. PREPARE DIRECTOR'S ADDRESS <i>Hedges Funeral Home Way, Mo</i>			25. DATE RECD. BY LOCAL REG. 8-15-59	26. REGISTRAR'S SIGNATURE <i>Conrad Mall...</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Me 8/7-1959, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul W. Geller

Licensed Embalmer No. 7341

P. O. Address Nixon

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