

FEDERAL BUREAU OF INVESTIGATION

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039118

REG. NO. A-~~5142~~ VS DEC 11 1959
 Registration District No. 43 Primary Registration District No. 568 Registrar's No. 568

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY REYNOLDS								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF, MO.		Length of stay in 1b 22 days		c. CITY OR TOWN ELLINGTON, MISSOURI		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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) BOX 53		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last HORACE PRICE TAYLOR				4. DATE OF DEATH Month Day Year November 20, 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 11-25-91	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SANDWICH SHOP OPERATOR			10b. KIND OF BUSINESS OR INDUSTRY FOOD		11. BIRTHPLACE (City and state or country) BONNE TERRE, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME JOHN FLOYD TAYLOR			13b. MOTHER'S MAIDEN NAME MINNIE MILLER			14. NAME OF HUSBAND OR WIFE MAE TAYLOR						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war 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) ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY OCCLUSION							INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years					
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)						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	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. attended the deceased from 10-29-59 to 11-20-59 and last saw her him alive on 11-20-59 Death occurred at 2:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) ERNEST M. TAPP M.D., DIRECTOR, PROF SVCS, VA HOSPITAL, POPLAR BLUFF, MO.				22b. ADDRESS		22c. DATE SIGNED 11-20-59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)						
Burial 11-22-59		Ellington City Cemetery		Ellington, MO								
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, MO			25. DATE RECD. BY LOCAL REG. 12/1/59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 11 1959

SEP 4 1963

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 Chas S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, A

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.