

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-037270

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>WEBSTER</u>	a. STATE <u>MO</u>	b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SEYMOUR</u>	Length of stay in lb	c. CITY OR TOWN <u>SEYMOUR</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
<u>CHARLES EARL TAYLOR</u>			<u>10-7-1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1907</u>	9. AGE (last birthday) <u>53</u>	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) <u>SHOE MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and state or country) <u>WEBSTER MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>PAUL TAYLOR</u>	13b. MOTHER'S MAIDEN NAME <u>GUELEN P. NEALEY</u>	14. NAME OF HUSBAND OR WIFE <u>WANDA</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>170</u>	17. INFORMANT Address <u>WANDA TAYLOR SEYMOUR MO</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Circulatory failure</u>		<u>1 1/2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ruptured Thrombotic Myocardial Infarction</u>	?
	DUE TO (c) <u>Arteriosclerosis</u>	?
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 Oct 1 - 60 to Oct - 7 - 1960 and last saw him alive on Oct 7 - 1960
Death occurred at 10:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J.R. Gill</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Seymour MO</u>	22c. DATE SIGNED <u>10/8/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-8-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST LAWN MEMORIAL</u>	23d. LOCATION (City, town, or county) <u>GLENDALE CALIFORNIA</u>
24. FUNERAL DIRECTOR <u>ROBERT BERGMAN SEYMOUR</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-12-1960</u>	26. REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DEC 27 1960

APR 21 1961

OCT 18 1960

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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.