

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS OCT 3 1 1960

-60-037393

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 30

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u>		Length of stay in 1b <u>15 Months</u>		c. CITY OR TOWN <u>Rich Hill</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 <u>323 East Myrtle St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>323 East Myrtle St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NIEL</u> Middle <u>WILLIAM</u> Last <u>TAYLOR</u>				4. DATE OF DEATH Month <u>October</u> Day <u>27</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/16/87</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>barber</u>		11. BIRTHPLACE (City and state or country) <u>Montevallo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Wm Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Nippert</u>			14. NAME OF HUSBAND OR WIFE <u>never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W. I</u>			16. SOCIAL SECURITY NO. <u>510-09-7390</u>		17. INFORMANT <u>Mrs. R.J. Foreman-Rich Hill, Mo</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
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 <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 _____ a.m. _____ p.m. _____		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Oct 27 1960</u> to <u>Oct 27 1960</u> when I saw him <u>live on</u> <u>Oct 27 1960</u> Death occurred at <u>9 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Edward J. Allen</u> (Degree or title)				22b. ADDRESS <u>Rich Hill Mo</u>			22c. DATE SIGNED <u>Oct 29 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10/29/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>		23d. LOCATION (City, town, or county) <u>Sheldon, Missouri</u>			
24. FUNERAL DIRECTOR <u>Booth Funeral Serv-Rich Hill, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Oct 29-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Federal Douglas</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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DEC 1 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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John W. Butler

Licensed Embalmer No. 358

P. O. Address Butler,

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