

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-043226**

FILED VS NOV 22 1960

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 34

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Length of stay in 1b <u>8 Dvrs.</u>	c. CITY OR TOWN <u>Appleton City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Residence</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>FLORA Alice Taylor</u>			4. DATE OF DEATH Month Day Year <u>Nov - 14 - 1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-26-1867</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fosterburg, Ill.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Noah Cruse</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Grant Taylor</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>None</u>		17. INFORMANT Address <u>Walter N. Taylor, Appleton City, 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>Cerebrovascular Thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Arteriosclerosis</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease with chronic failure</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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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 July 1960 to 11/14/60 and last saw him alive on 11/14/1960  
Death occurred at 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R. E. Baske, M.D.</u>	22b. ADDRESS <u>Appleton City, Missouri</u>	22c. DATE SIGNED <u>11/15/60</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>Nov-16-1960</u>	23d. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	23e. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>
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24. FUNERAL DIRECTOR <u>Melvin L. JANSSENS, Appleton City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 15, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Chas. Aubrey</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Malvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton, Wis.

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.