

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017327

318

1003

427E

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

**FILED MAY 1 1962**

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**  
 Length of stay in 1b **3 days**  
 c. CITY OR TOWN **De Soto** Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Little Rock Hospitals, Inc.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **218 N. Fifth St** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Grace** Middle **E** Last **Taylor**  
 4. DATE OF DEATH Month **April** Day **23** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **3-1-1892** 9. AGE (last birthday) **70** 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) **Housewife**  
 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **DeSoto, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Thomas B. Eaves** 13b. MOTHER'S MAIDEN NAME **Katherine Graham** 14. NAME OF HUSBAND OR WIFE **George (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No**  
 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT Address **Gerald Taylor, DeSoto, Missouri.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Carcinoma of the Cervix**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **171X**  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 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  NOT WHILE AT WORK   
 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 **Sept 19 1961** to **April 23 1962** and last saw her alive on **4-22-62**  
 Death occurred at **4:10 am 4-23-62** in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **1755 So Grand Blvd** 22c. DATE SIGNED **4-23-1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4/26/62** 23c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 23d. LOCATION (City, town, or county) (State) **DeSoto, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Motherhead Funeral Home De Soto, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 25 1962** 26. REGISTRAR'S SIGNATURE **Lead Smith, M.D.**

VS 300 Rev. 4/59

1  
02505-48

3

4 1

5 2

6

7 0

8 2

9

10

11

12 69-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

69

**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 Andrew H. England

Licensed Embalmer No. 4745  
P. O. Address De Soto, Mo.

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.