

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025744

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 4515 Registrar's No. 55

FILED JUL 10 1962

VS 300
Rev. 4/59

11050
21050

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4 1
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7 0
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9321X
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121-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

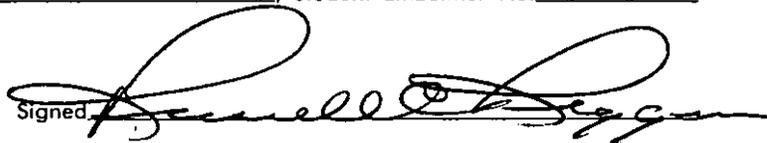
| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>SUTTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SUTTON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MILAN</u> | | Length of stay in 1b <u>50YRS</u> | c. CITY OR TOWN <u>MILAN</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>SUTTON CO-MEML HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>BOWMAN TWP</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HETTIE BASNEY TAYLOR</u> | | | 4. DATE OF DEATH Month Day Year <u>JUNE 28 1962</u> |
| 5. SEX <u>FE</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>8-9-73</u> |
| 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>—</u> | 9. AGE (last birthday) <u>88</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11a. BIRTHPLACE (City and state or country) <u>SUTTON CO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>BAILEY CALAHAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DOGIN</u> | 14. NAME OF HUSBAND OR WIFE <u>SAMUEL J 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> | | 17. INFORMANT <u>Ray Taylor - Milan 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>Cerebral hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 days</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 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.) <u>Home</u> | 20f. CITY, TOWN, OR LOCATION <u>Milan, Sutton Co</u> | STATE <u>MO</u> |
| 21. I attended the deceased from <u>July 1, 1962</u> to <u>July 28, 1962</u> and last saw her alive on <u>July 28, 1962</u> at <u>5:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> | | (Degree or title) | 22b. ADDRESS <u>Milan Mo</u> |
| 22c. DATE SIGNED <u>6/30/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 1, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Wichita</u> | 23d. LOCATION (City, town, or county) (State) <u>Milan (Rural) Mo</u> |
| 24. FUNERAL DIRECTOR <u>[Signature]</u> | ADDRESS <u>Funeral Home, Milan</u> | 25. DATE RECD. BY LOCAL REG. <u>7-2-62</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckert</u> |

USE BLACK INK OR TYPEWRITER RIBBON

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 

Licensed Embalmer No. 3792

P. O. Address Wilton 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.