

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

99
=62-030287

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 507 Primary Registration District No. 5896 Registrar's No. 5196

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

1 0170
2 0170
3
4 0
5 1
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7 0
8 0
9 4201
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12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Carroll	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bosworth Ridge		c. CITY OR TOWN Bosworth	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if outside, give location)	
3. NAME OF DECEASED (Type or print) First Herbert Middle Estel Last Taylor		4. DATE OF DEATH Month Aug Day 30 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-1995
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY it	11. BIRTHPLACE (City and state or country) Bethel MO
13a. FATHER'S NAME Frank Taylor		13b. MOTHER'S MAIDEN NAME Fannie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Mrs. Elizabeth Taylor Bosworth MO	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Coronary Thrombosis - Myocardial Infarction DUE TO (c) Arteriosclerosis 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			INTERVAL BETWEEN ONSET AND DEATH
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 8-30-62 to 8-30-62 and last saw him alive on 8-30-62 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norman P. Hansen D.O.		22b. ADDRESS Hale, MO.	
22c. DATE SIGNED 9-1-62		23d. LOCATION (City, town, or county) (State) 6M.S.E Bethel MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-1962	23c. NAME OF CEMETERY OR CREMATORY MT. Zion Cemetry	
24. FUNERAL DIRECTOR ADDRESS Leipard-Edwards Bosworth Missouri		25. DATE RECD. BY LOCAL REG. 9-3-1962	26. REGISTRAR'S SIGNATURE Thie Moore Kemp

SEP 17 1962

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

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bonworth 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.