MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1962

62-042163
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 108 Primary Registration District No. 5423 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arbyrd
Length of stay in 1b: 30 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Arbyrd
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) P.O.Box 203
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ludie Middle Francis Last Taylor

4. DATE OF DEATH Month Nov. Day 21 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Mar. 12, 1895
9. AGE (last birthday) 67
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
11. BIRTHPLACE (City and state or country) Koscuicko, Mississippi
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Johnson
13b. MOTHER'S MAIDEN NAME Cekia Ann Morgan
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Bill Taylor Address Paragould, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: ½ hour
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. ☐ 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 ____ to Nov 21, 1962 and last saw her alive on Did not see alive
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ira A. Crow (Degree or title) M.D.
22b. ADDRESS Cardwell, Mo
22c. DATE SIGNED 11/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 25, 1962
23c. NAME OF CEMETERY OR CREMATORY LULU Hollywood, Mo.
23d. LOCATION (City, town, or county) Hollywood (State) Mo.

24. FUNERAL DIRECTOR Howard Funeral Service ADDRESS Leachville, Ark.
25. DATE RECD. BY LOCAL REG. Dec. 10, 1962
26. REGISTRAR'S SIGNATURE Mrs. Pat Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0350		
2	0350		2
3			
4	1		
5	2		
6			
7	1		
8	0		
9	420.1		
10			
11			
12	70-0		
13	8-0		

BY AFFIDAVIT OF DOCUMENT

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_____ Signed W. H. Howard

Signature of Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Blytheville, Ark

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.