

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001354

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 22 1963

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 4

VS 300  
Rev. 4/59

1 0451  
2 0450  
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DATE AMENDED

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<br>a. COUNTY <u>Howard</u>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fayette, Missouri</u>  |   | Length of stay in: 1b <u>23 days</u>  |   | c. CITY OR TOWN <u>Armstrong</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Keller Memorial Hosp.</u>  |   |   | d. STREET ADDRESS (If outside, give location)<br><u>Burton Twp.</u>   |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ROBERT</u> Middle <u>THOMAS</u> Last <u>TAYLOR</u>   |   |   | 4. DATE OF DEATH<br>Month <u>JAN.</u> Day <u>14,</u> Year <u>1963</u>   |  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/11/1895</u>  | 9. AGE (last birthday) <u>67</u>   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self Employed</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Howard County, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME<br><u>John C. Taylor</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Lela Mae Craig</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Reba Lyle</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates or No.)   |   |   | 16. SOCIAL SECURITY NO. <u>38</u>   | 17. INFORMANT Address<br><u>Mrs Robert T. Taylor, Armstrong,</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hepatic Coma</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u><br>DUE TO (c) <u>Primary Carcinoma of Gall Bladder</u> |   |   | MO INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><u>3 1/2 hrs?</u><br><u>6 hrs?</u>  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Screamed</u>   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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  |   |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>12-15-62</u> to <u>1-14-63</u> and last saw her/him alive on <u>1-14-63</u><br>Death occurred at <u>6 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>W. Bloom M.D.</u>   |   |   | 22b. ADDRESS<br><u>Fayette Mo</u>   |  | 22c. DATE SIGNED<br><u>1-16-63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>1/16/1963</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Wesley Chapel Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Howard County, Mo.</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Ralph A. Carr</u>   |   | ADDRESS<br><u>Fayette, Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>1-16-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Katherine Welch</u>  |  |

