

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003031

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 20

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 6 1963

1. PLACE OF DEATH
 a. COUNTY Ray
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township Length of stay in 1b 10 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Ray
 c. CITY OR TOWN Richmond Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 433 South Thornton St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
ALBERT --- TAYLOR Jan. 30, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/11/1887 9. AGE (last birthday) 75
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical engineer 10b. KIND OF BUSINESS OR INDUSTRY Commercial printing 11. BIRTHPLACE (City and state or country) London, England 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Taylor 13b. MOTHER'S MAIDEN NAME Edith (unknown) 14. NAME OF HUSBAND OR WIFE Ida Cooper Taylor

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. 86 17. INFORMANT Address Mrs. Ida Taylor, Richmond, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)
 IMMEDIATE CAUSE (a) Pneumothorax INTERVAL BETWEEN ONSET AND DEATH 12 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Empyema 4 days
 DUE TO (c) Empyema Bullous Years
 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 Aug 1960 to 1-30-63 and last saw him alive on 1-30-63
 Death occurred at 9:50 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M. D. 22b. ADDRESS Richmond, Mo. 22c. DATE SIGNED 1/31/1963

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 1, 1963 23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens 23d. LOCATION (City, town, or county) (State) Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo. 25. DATE RECD. BY LOCAL REG. Feb 1-1963 26. REGISTRAR'S SIGNATURE Malul Jackson

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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,
by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leona Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.