

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005251

STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 3906 Registrar's No. 104

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>12 days</u>	c. CITY OR TOWN <u>Pattonsburg</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MISSOURI MEDICAL CENTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>328 Second St.</u>
3. NAME OF DECEASED (Type or print) First <u>Beulah</u> Middle <u>Hall</u> Last <u>Taylor</u>			4. DATE OF DEATH Month <u>2</u> Day <u>13</u> Year <u>63</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-12-07</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>NONE</u>	9. AGE (last birthday) <u>55</u>
13a. FATHER'S NAME <u>John Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Willie W. 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>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>MISSOURI UNIVERSITY OF MEDICAL CENTER MEDICAL RECORDS</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mechanical small bowel obstruction</u> DUE TO (c) <u>Adhesions</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u> <u>14 days</u>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20c. 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 <u>2-2-63</u> to <u>2-13-63</u> and last saw ^{him} alive on <u>2-13-63</u> . Death occurred at: <u>3³⁰</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Herb Russell M.D.</u> (Degree of title)		22b. ADDRESS <u>U.M.M.C. Columbia Mo.</u>	
22c. DATE SIGNED <u>2-13-63</u>		22d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-16-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo.</u>
24. FUNERAL DIRECTOR <u>Lynnan Sprinkle, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 15, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

