

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015534

STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 6

FILED APR 18 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
VS 300 Rev. 4/59					
6350					
20350					
3					
4 0					
5 2					
6					
7 0					
8 2					
9521X					
10					
11					
12 90-0					
13 8-0					
ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arbyrd		Length of stay in 1b 25yrs.	c. CITY OR TOWN Arbyrd
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) At Home
3. NAME OF DECEASED (Type or print) First IRA Middle EDDWARD Last TAYLOR		4. DATE OF DEATH Month April Day 13 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/21/1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 56
11. BIRTHPLACE (City and state or country) Senath Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Joseph E. Taylor		13b. MOTHER'S MAIDEN NAME Sudie Hedge	14. NAME OF HUSBAND OR WIFE Mrs. Mammie Spry Paragould Ark.
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.	
17. INFORMANT Mrs. Mammie Spry Paragould Ark.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from left lung Obesity of left lung & heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 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, a.m., p.m.		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 9-25-59 to April 13, 1963 and last saw her alive on 4-13-63 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 W. W. English MD (Degree or title)		22b. ADDRESS Cardwell, Mo	22c. DATE SIGNED 4-16-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/1963	23c. NAME OF CEMETERY OR CREMATORY Mc Grew Cemetery	23d. LOCATION (City, town, or county) (State) Senath Rural Route Mo.
24. FUNERAL DIRECTOR Howard Funeral Service Leachville Ark.		25. DATE RECD. BY LOCAL REG. April 17, 1963	26. REGISTRAR'S SIGNATURE Mrs. Pat Cook

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 W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Beyrdsville, 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.