

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022924

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 41

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

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>STODDARD</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>DEXTER</b>   |   | c. CITY OR TOWN <b>MALDEN</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>CONVALESCENT MANOR</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>208 N. MADISON ST</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>BETTY</b> Middle <b>TAYLOR</b> Last <b>TAYLOR</b>   |   | 4. DATE OF DEATH<br>Month <b>MAY</b> Day <b>14</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-20-1882</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>-81 Yrs</b><br>IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HR: Months _____ Days _____ Hours _____ Min. _____ |
| 11a. BIRTHPLACE (City and state or country)<br><b>WAYNESBORO, TENN</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>HUGH TURNBOW</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARTHA SEWELL</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>HARVEY C. TAYLOR</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv)<br><b>NO</b>  |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>H.C. TAYLOR, 208 N. Madison, Malden,</b><br>Address _____   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebro-vascular accident</b><br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>Hypertension</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 days</b><br><b>10 days</b><br><b>5 years</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown          |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ s.m. _____ p.m. _____<br>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<br>COUNTY _____ STATE _____  |   |
| 21. I attended the deceased from <u>June 1962</u> to <u>May 14 1963</u> and last saw her alive on <u>May 14 1963</u><br>Death occurred at <u>9:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br><i>R. Comess</i> (Degree or title)   |   | 22b. ADDRESS<br><i>Malden, Mo</i>   | 22c. DATE SIGNED<br><i>5/17/63</i>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>5-17-1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>MEMORIAL PARK CEMETERY - MALDEN</b>  | 23d. LOCATION (City, town, or county)<br><b>MISSOURI</b>  |
| 24. FUNERAL DIRECTOR<br><b>DAY &amp; KNIGHT F.H. - MALDEN, MO.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-21-63</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Velma V. Jenkins</i>  |

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF ILLINOIS

2-2-01  
2-2-01

**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.

2-2-01  
2-2-01

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. J. Johnson

Licensed Embalmer No. 4086

P. O. Address Malden

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.