

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024826

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 295

FILED JUN 19 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF
VS 300 Rev. 4/59								
1 0499								
2 0499								
3								
4 1								
5 0								
6								
7 1								
8 0								
9 416X								
10								
11								
12 90.0								
13 2-0								

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN	
Length of stay in 1b 75 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 120 N. Wall		d. STREET ADDRESS (If outside, give location) 120 N. Wall	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ETHA Middle TAYLOR Last TAYLOR			4. DATE OF DEATH Month June Day 12 Year 1963
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1878
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (City and state or country) Bentonville, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lee Taylor	13b. MOTHER'S MAIDEN NAME Mildred Wilson
14. NAME OF HUSBAND OR WIFE		17. INFORMANT NIECE - Mrs. Lynn Scott, 410 Brownell, Joplin	
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.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic heart disease			INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) _____ DUE TO (c) _____			
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 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. 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 JOPLIN, MISSOURI	
21. I attended the deceased from 6-12-63 to 6-12-63 and last saw her/him alive on 6-12-63 Death occurred at 7:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>E. H. Hamilton, M.D.</i> (Degree or title)	
22b. ADDRESS ROOM 302 MEDICAL ARTS BLDG. 25th & Jackson, Joplin, Mo.		22c. DATE SIGNED 6/13/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 14, 1963	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY, JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 6-14-1963	26. REGISTRAR'S SIGNATURE <i>Dorie Merriam</i>

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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 Harvey E. Amice

Licensed Embalmer No. 4463

P. O. Address Joplin 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.