MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043600

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1718

FILED DEC 16 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burge-Protestant — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: Fair Play — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ethmer Middle: Woodard Last: Taylor

4. DATE OF DEATH: Month: December Day: 3 19[redacted] 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-19-1904
9. AGE (last birthday): 59 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Greene County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Craft Taylor
13b. MOTHER'S MAIDEN NAME: Fannie Davis
14. NAME OF HUSBAND OR WIFE: Cordia 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.: None
17. INFORMANT: Cordia Taylor Address: Fair Play, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acidosis and Coma — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Diabetes mellitus — 8 years
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. ☐ 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 Dec 2, 1963, to Dec 3, 1963 and last saw ~~her~~ him alive on Dec 2, 1963
Death occurred at 5:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Daniel E. Holmes MD.
22b. ADDRESS: 600 S. Glenstone, Springfield
22c. DATE SIGNED: 8 Dec 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-5-1963
23c. NAME OF CEMETERY OR CREMATORY: Shady Grove
23d. LOCATION (City, town, or county) (State): Aldich, Missouri

24. FUNERAL DIRECTOR: Barker-Butler ADDRESS: Fair Play, Missouri
25. DATE RECD. BY LOCAL REG.: 12-12-63
26. REGISTRAR'S SIGNATURE: Bernice Medley, acting

(Licensed Embalmer's Statement on Reverse Side)

12-3-62

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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.