

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-047224**  
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 19-31

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b <b>61 DAYS</b>	c. CITY OR TOWN <b>DONIPHAN</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE #1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>WARREN EARL TAYLOR</b>			4. DATE OF DEATH Month Day Year <b>NOVEMBER 26, 1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-8-95</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	9. AGE (last birthday) <b>68</b>
11a. FATHER'S NAME <b>ISAAC V. TAYLOR</b>		11b. MOTHER'S MAIDEN NAME <b>MYRTLE BLACK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ADENOCARCINOMA, LEFT KIDNEY</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITUS</b>			
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. 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 <b>VA</b>		COUNTY STATE	
21. I attended the deceased from <b>9-26-63</b> to <b>11-26-63</b> and last saw him alive on _____ Death occurred at <b>2:00 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. S. Cohen</i> <b>R. S. COHEN, M.D., Chief, Medical Service</b>		22b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>	
22c. DATE SIGNED <b>11-27-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11-28-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BUTLER</b>	23d. LOCATION (City, town, or county) (State) <b>Grainville Cema Grainville, Ill.</b>
24. FUNERAL DIRECTOR <b>LASH Met F. Home Toledo Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>12/13/1963</b>	26. REGISTRAR'S SIGNATURE <i>Johna Seaborn</i>

USE BLACK INK OR TYPEWRITER RIBBON

