

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24714

State File No.

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 60

V

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. CITY OR TOWN <u>Richmond</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 months</u>		e. STREET ADDRESS (If rural, give location) <u>West North Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hawkins Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>CHARLES</u>	
		c. (Last) <u>TAYLOR</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 9, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23, 1877</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR <u>8</u> Months <u>16</u> Days	IF UNDER 24 HRS. _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work donating most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Sharon, Pennsylvania</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anne Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Dunbar</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-16-5502</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Byron Smith, Richmond, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>May 9, 1956</u> , to <u>Aug 9, 1956</u> that I last saw the deceased alive on <u>Aug 9, 1956</u> , and that death occurred at <u>6:20P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. E. J. Revora</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo</u>	
23c. DATE SIGNED <u>8/12/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-11-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 12 - 1956</u>		REGISTRAR'S SIGNATURE <u>Malcolm Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Catta, Richmond, Mo</u>

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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.....
Thomas J. Carter

Licensed Embalmer No.....4474

P. O. Address.....Richmond, M

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.