

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41146**

484

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo. 30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo. 0484</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 E. TRUMAN RD</u>		d. STREET ADDRESS (If rural, give location) <u>214 E. TRUMAN ROAD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) _____ c. (Last) <u>TAYLOR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, '50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 4, 1876</u>
9. AGE (In years last birthday) <u>74 yrs</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARDENER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Old Talk Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Sibley, Mo.</u>
13. FATHER'S NAME <u>George Washington Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Abbie Taylor</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>487-12-9001</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Abbie Taylor (Wife)</u>		ADDRESS <u>214 E. Truman Rd. Independence, 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>Maternal Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</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>Independence Jackson Mo</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>Dec. 23, 1950</u> , to <u>Dec. 23, 1950</u> , that I last saw the deceased alive on <u>Dec. 23, 1950</u> , and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Lawler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1195 Farmer</u>	
23c. DATE SIGNED <u>12-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 25, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	
FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1513 [Address]</u>	

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

DEC 27 RECD

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
Student Embalmer

Signed

W. C. Davis

Licensed Embalmer No.

4417

P. O. Address

N. C., 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 this body is not embalmed, fact should be so stated above.