

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 107397

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Franklin b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Trisco Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Bourbon c. CITY (If outside of corporate limits, write RURAL and give township) Ft. Scott d. STREET ADDRESS (If rural give location) 606 Burke St.					
3. NAME OF DECEASED (Type or Print) a. (First) Ross b. (Middle) C. c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) March 6 1951		5. SEX Male		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, SEPARATED, DIVORCED, Married		8. DATE OF BIRTH July 29, 1886		9. AGE (In years, months, days, hours, minutes) 64 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life if not retired) Auto truck helper			
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John A. Taylor		13b. MOTHER'S MAIDEN NAME Elizabeth Seery			
14. NAME OF HUSBAND OR WIFE Mrs. Mary Taylor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maxine Rei, Grandview, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with generalized Carcinomatosis 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X					
22. I hereby certify that I attended the deceased from 3/5 , 19 51 , to 3/6 , 19 51 , that I last saw the deceased alive on 3/5 , 19 51 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. L. Pollock M.D.				23b. ADDRESS 4960 Laclade		23c. DATE SIGNED 3/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-7-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas			
DATE REC'D BY LOCAL REG. MAR 7 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.					

MAR 27 1967

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 John J. Harris
Licensed Embalmer No. 4108

P. O. Address.....

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.