

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27360**

FILED AUG 24 1951

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Jackson <i>0480</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp. <i>0480</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 71 By Pass 1/2 mi, So #50		d. STREET ADDRESS (If rural, give location) 5 Mi S W of Lee's Summit D	

3. NAME OF DECEASED (Type or Print)	a. (First) Evelyn	b. (Middle) Ruth	c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year)
				7 27 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb, 3 1932	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Lee's Summit Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME G.F. Taylor	13b. MOTHER'S MAIDEN NAME Clara Spooner	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME G.F. Taylor	ADDRESS Lee's Summit Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Head		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Facerative Back.		
	DUE TO (c) Numerous Abrasions		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8120 25			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy Inspection	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Lee's Summit	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-27-51 8:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Over by Truck
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Must A. Queen Corcoran	(Degree or title)	23b. ADDRESS 1034 Pilsbly Blvd	23c. DATE SIGNED 7-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/29/1951	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
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DATE REC'D BY LOCAL REG. 7/27/51	REGISTRAR'S SIGNATURE Donald C. Earlshaw	25. FUNERAL DIRECTOR'S SIGNATURE A. B. Longford	ADDRESS Lee's Summit Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 2 RECD

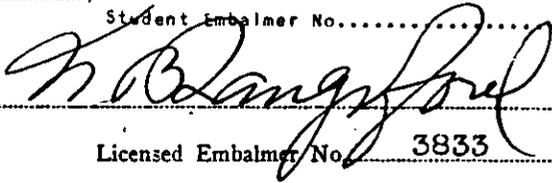
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.