

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34025

State File No. \_\_\_\_\_

FILED NOV 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 33-68 Registrar's No. 389

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 town) <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3 Blue Ridge</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8802 E. 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 8802 E. 9th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>G</u> c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 17, 1871</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Neodesha, Kansas.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph E. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Strange</u>	14. NAME OF HUSBAND OR WIFE <u>Yvette S. 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Yvette S. Taylor, Kansas City, 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>January, 1950</u> , to _____, 19____, that I last saw the deceased alive on <u>January 9, 50</u> and that death occurred at <u>4:15A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert P. Tonkens D.O.</u>		23b. ADDRESS <u>318 Blue Ridge</u>	23c. DATE SIGNED <u>10/17/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City 3, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 18-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Independence, Mo.</u>	

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

OCT 29 1930

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 \_\_\_\_\_

*Lucretia E. Lutman*

Student Embalmer No. *410*

working under my personal supervision.

Student

*Lucretia E. Lutman*  
Student Embalmer

Signed

*Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.