

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1652

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

FILED FEB 9 1953		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 24 years		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) 1314 Drury Street		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MAY c. (Last) TAYLOR		4. DATE OF DEATH JAN 4 1953		
5. SEX 1 FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept 15, 1893	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Sapulpa, Oklahoma	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Unknown Bivens		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE EARL TAYLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492 - 18-593	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marion Stone, 1314 Drury, Kansas (City)	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  490X
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) <i>natural</i>		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Hugh B. Owens (Degree or title)		23b. ADDRESS 1034 Pinalto Bldg		23c. DATE SIGNED 1-2-53
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE JAN 2, 1953		24c. NAME OF CEMETERY OR CREMATORY South Heights Center
24d. LOCATION (City, town, or county) Sapulpa, Oklahoma		24e. (State)		
DATE REC'D BY LOCAL REG. 1-3-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Sidman Mortuary Service Co. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

**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 R. Sidman  
Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.