

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43208**
Registrar's No. **5969**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 3 YRS d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY c. CITY OR TOWN KANSAS CITY NORTH d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 3007 E. 39th ST. 36180		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE b. (Middle) MARIE c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1953			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 26, 1921	9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NASHUA, IA. 1	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME George HUNT			
13b. MOTHER'S MAIDEN NAME GLADYS KNAPP		14. NAME OF HUSBAND OR WIFE CHESTER 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. NONE		17. INFORMANT'S SIGNATURE OR NAME CHESTER TAYLOR ADDRESS 3007 E 39th	
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) Stroke COMA 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.			
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)	
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 4-1- , 19 52 , to 12-20 , 19 53 , that I last saw the deceased alive on 12-20 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE D. W. Newcomer (Degree or title)		23b. ADDRESS 9240 NW Bldg 100		23c. DATE SIGNED 12-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) NASHUA, IOWA		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's ADDRESS NORTH K.C. MO.			

22-8481

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.....
Signature of Student Embalmer

Signed *Glenn D Hill*.....

Licensed Embalmer No. *4586*.....

P. O. Address *K.C. 162nd*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.