

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5087

State File No.

FILED FEB 18 1954 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 449

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 34 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 2629 Holmes 3438	
3. NAME OF DECEASED a. (First) Anna		b. (Middle) BELLE	
c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 1 26 1954	
5. SEX / FEMALE		6. COLOR OR RACE / WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH / SEPT. 30, 1879	
9. AGE (In years last birthday) / 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) NEAR FORT WAYNE INDIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME / JONAH CORSON		13b. MOTHER'S MAIDEN NAME / MARY JANE MORGAN	
14. NAME OF HUSBAND OR WIFE / ELI LEWIS 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 / ELI LEWIS TAYLOR	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with coronary and cerebral arteriosclerosis 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. Carcinoma of gall bladder	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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?		4201	
22. I hereby certify that I attended the deceased from Jan. 7, 1954, to Jan. 26, 1954, that I last saw the deceased alive on Jan. 26, 1954, and that death occurred at 3:53A m., from the causes and on the date stated above.			
23a. SIGNATURE / B.I. Burns (Degree or title) D.		23b. ADDRESS / 24th & Cherry	
23c. DATE SIGNED / 1-26-54		24. BURIAL, CREMATION, REMOVAL (Specify) CREMATION JAN. 28 1954	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY / D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE / D.H. Newcomer's Sons	
DATE REC'D BY LOCAL REG. / 1-28-54		REGISTRAR'S SIGNATURE / Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE / D.H. Newcomer's Sons		ADDRESS / 1391 BRUSH CREEK KANSAS CITY MO.	

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.....
Signature of Student Embalmer

Signed..... *Edward M. Ste...*

Licensed Embalmer No. *44*

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