

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7830**  
Registrar's No. **353**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Independence</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28y-6m-1d</b>		e. STREET ADDRESS (If rural, give location) <b>RR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ERNEST</b>	b. (Middle) <b>P.</b>	c. (Last) <b>TAYLOR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 30, 1954</b>
-------------------------------------	--------------------------	-----------------------	-------------------------	-------------------------------------------------------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Oct. 15, 1887</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>66</b>	IF UNDER 24 HRS. Hours <b>66</b>	Min. <b>66</b>
--------------------	-------------------------------	-----------------------------------------------------------------------------	---------------------------------------	-------------------------------------------	----------------------------------	----------------------------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
------------------------------------------------------------------------------------------------------------	-----------------------------------	--------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <b>Phillip Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kemp</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
------------------------------------------	-------------------------------------------------	-----------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. J. C. Holsworth, Independence, Mo.</b>	ADDRESS
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	---------------------------------------------------------------------------------	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Dementia Praecox</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4221</b>			

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) (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 **Jan 1, 1954**, to **Mar 30, 1954**, that I last saw the deceased alive on **Mar 29, 1954**, and that death occurred at **5:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Forrest Thomas M.D.</b>	23b. ADDRESS <b>State Hospital #2, City</b>	23c. DATE SIGNED <b>3-30-54..</b>
-------------------------------------------------------------	---------------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>
---------------------------------------------------------	------------------------------	------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>Apr 2, 1954</b>	REGISTRAR'S SIGNATURE <b>Arthur M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert R. Sparks</b>	ADDRESS <b>Indy. Mo</b>
---------------------------------------------	------------------------------------------------	-----	----------------------------------------------------------	-------------------------

(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.....  
Signature of Student Embalmer

Signed *A. Kenneth Patterson*.....

Licensed Embalmer No. *4695*

P. O. Address *Indy, Ind.*

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.