No. 300
10-48

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

FILED SEP 24 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30862

BIRTH NO. 95906 2274-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4067

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3140 West 42nd Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): BABY
b. (Middle): BOY
c. (Last): TAYLOR

**4. DATE OF DEATH** (Month) (Day) (Year): August 21, 1954

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Baby
**8. DATE OF BIRTH**: August 20, 1954
**9. AGE** (In years last birthday): ~~29 hours~~ — If under 1 year: Months / Days: 1 — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): —
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Kansas City, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Wm. F. Taylor
**13b. MOTHER'S MAIDEN NAME**: Gladys C. Scott
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): —
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mr. Wm. F. Taylor, 3140 W. 42nd St., K.C.Ks.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pre maturity & atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 29 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cord strangulation in utero
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): None
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~Kansas City — Jackson Co. Mo.~~
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 8-20, 1954, *to* 8-21, 1954, *that I last saw the deceased alive on* 8/20, 1954, *and that death occurred at* 5:00 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** F. C. Young — (Degree or title) M.D. — MD
**23b. ADDRESS**: 1401 SW. K.C.-Ks.
**23c. DATE SIGNED**: 8/31/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 8/24/54
**24c. NAME OF CEMETERY OR CREMATORY**: Elmwood Crematory
**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

**DATE REC'D BY LOCAL REG.**: 8-23-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Eugene L. Lemon

Licensed Embalmer No. 467

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.