

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34179

State File No.

4817

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Clinton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 days</u>		STREET ADDRESS (If rural, give location) <u>901 East Green St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Lafe</u>	a. (First) <u>Lafe</u>	b. (Middle)	c. (Last) <u>Taylor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-1954</u>
--	------------------------	-------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-13-1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	------------------------------------	---	--------------------------------	--------------------------------

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

13a. FATHER'S NAME <u>Walter Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Edith M Taylor</u>
---	--	---

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. <u>30070-6920</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jah Taylor</u> ADDRESS <u>Clinton Mo</u>
--	---	---

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>		
	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 <u>Post Ruptured</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton MO</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-1554</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u>
--	---	---

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. OWENS</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1034 Realto Bldg</u>	23c. DATE SIGNED <u>10-17-54</u>
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Congewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-17-54</u>	REGISTRAR'S SIGNATURE <u>neva munsell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Siskman & Summary</u> ADDRESS <u>Clinton Mo</u>
--	---	---

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

5736 Rockhill RD

NOV 23 1956

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 Robert J. Summings

Licensed Embalmer No. 471

P. O. Address Clinton Va

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.