

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36852**

FILED DEC 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Liberty-Rural</b>		c. LENGTH OF STAY (in this place) <b>Week</b>	c. CITY OR TOWN <b>Liberty</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR 1</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>RR 1</b> <b>6000</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>David</b>	b. (Middle) <b>Wayne</b>	c. (Last) <b>Taylor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7, 1954</b>
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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>Sept. 2, 1951</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charley E. Taylor</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Millum</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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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>Charley E. Taylor</b>	ADDRESS <b>RRI Liberty, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Some 4 1/2 H</b> <b>7-10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Agensis</b>	DUE TO (b) <b>Terminal Bronchopneumonia</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <b>491 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **May 2, 1953**, to **Dec 7, 1954**, that I last saw the deceased alive on **Dec 1, 1954**, and that death occurred at **3:24 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmond Beer</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>1022 Hoel, K.P. Kansas</b>	23c. DATE SIGNED <b>12-7-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-7-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harrison Ark. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harrison Ark.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 11, 1954</b>	REGISTRAR'S SIGNATURE <b>Mabel Gralew</b> <b>491-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmond Beer</b>	ADDRESS <b>Liberty, Mo.</b>
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(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 *John Parley* .....

Licensed Embalmer No. *4308*

P. O. Address *Liberty,*

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.