

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5132**
695

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

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| 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>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</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>42 yrs</u> | | STREET ADDRESS (If rural, give location) <u>3278 1512 Harrison Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Indianna</u> b. (Middle) _____ c. (Last) <u>Taylor</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 55</u> | |
| 5. SEX <u>3 female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow 2</u> | 8. DATE OF BIRTH <u>May 26, 1884</u> |
| 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Braidwood, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank A. Taylor</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-09-7498</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Richard Pollard</u> ADDRESS <u>5th Cornell, K.C., Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with coronary arteriosclerosis.</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Bilateral hydrothorax compression. Atelectasis of lung.</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
| 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 2-2-55 1955, to 2-11-55, 1955, that I last saw the deceased alive on 2-11-55, 1955, and that death occurred at 6:30 a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>600 East 22nd Street</u> | 23c. DATE SIGNED <u>2-14-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>February 16, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>2-15-55</u> | REGISTRAR'S SIGNATURE <u>neva minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. Funeral Home</u> ADDRESS <u>1800 Benton</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. Frank Ellis

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 *Bruce D. Watkins*

Licensed Embalmer No. *45*

P. O. Address *18th Ben*

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.