

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22420**
3034

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 YEARS		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 1315 Askew		3240		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) E.		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 7 14 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY-18-1870		
9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - OPERATOR		
10b. KIND OF BUSINESS OR INDUSTRY BAR + POOL HALL		11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME JAMES TAYLOR		13b. MOTHER'S MAIDEN NAME Matilda McGuire		14. NAME OF HUSBAND OR WIFE EFFIE TAYLOR				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS AUGUSTA O'HARA ADDRESS 2512 Truman Rd. KANSAS CITY MO.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic cholecystitis with rupture into duodenum and complete intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gall stones with gangrene DUE TO (c) Cholecystolithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 584 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>July 13, 1955</u> , to <u>July 14, 1955</u> , that I last saw the deceased alive on <u>July 14, 1955</u> , and that death occurred at <u>2:10A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE B. I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 16 1955		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 7-16-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE O.N. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.				

(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..... *Jess T. Dever*
Licensed Embalmer No. *44*

P. O. Address *Kansas*

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.