

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22547

FILED JUL 22 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Grandview</b>	c. LENGTH OF STAY (in this place) <b>7 yrs.</b>	c. CITY OR TOWN <b>Grandview</b>	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 <b>1508 Highgrove</b>		STREET ADDRESS (If rural, give location) <b>1508 Highgrove</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LUCILLE</b>	b. (Middle) <b>MARGUERIT</b>	c. (Last) <b>TAYLOR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 3, 1904</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 10 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles W. Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Dooly</b>	14. NAME OF HUSBAND OR WIFE <b>Cecil H. Taylor</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>Cecil H. Taylor, 1508 Highgrove, Grandview, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(1) Intestinal Obstruction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Carcinoma of colon with metastasis to liver</b> <b>DUE TO (c)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Jan 15, 1954, to July 12, 1955, that I last saw the deceased alive on July 12, 1955, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Saw D Hooper MD</b>	23b. ADDRESS <b>Grandview, Mo.</b>	23c. DATE SIGNED <b>July 13 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Burial) Removal</b>	24b. DATE <b>7-13-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7/13/55</b>	REGISTRAR'S SIGNATURE <b>Perling G. Eddard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>	ADDRESS <b>K.C.MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*L. J. ...  
6232 Transit  
A-5392*

*4:10 PM*

*3:30 A 5:10 P*

JUL 28 1955

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 *Elmo D. Tjeltveit*

Licensed Embalmer No. *4817*

P. O. Address *Kansas*

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