

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26522**

FILED AUG 23 1955

Registrar's No. **3443**

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|--|--|--|--|--|--|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. 3443 | | | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 38 yrs | | 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) 3600 Prospect | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fred | | | b. (Middle) Francis | | | c. (Last) Tays | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 8 5 1955 | | 5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | | | |
| 8. DATE OF BIRTH July 30, 1906 | | 9. AGE (In years last birthday) 49 | | 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) Mover | | | 10b. KIND OF BUSINESS OR INDUSTRY Moving and Storage | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William D. Taylor | | 13b. MOTHER'S MAIDEN NAME Louella Byous | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 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. 495-05-3637 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar A. Tays K.C. Missouri | | | | | |
| 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) Meningo vascular syphillis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | ANTECEDENT CAUSES DUE TO (b) Acute pulmonary congestion and edema | | | | | |
| | | | | DUE TO (c) | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 026k | |
| 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 30, 1955</u> , to <u>Aug. 5, 1955</u> , that I last saw the deceased alive on <u>Aug. 5, 1955</u> , and that death occurred at <u>1:10 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE B. I. Burns (Degree or title) M.D. | | | | 23b. ADDRESS 24th & Cherry | | 23c. DATE SIGNED 8-5-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE August 6, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri | | | |
| DATE REC'D BY LOCAL REG. 8-6-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son Inc. K. C. Mo. | | | | | |

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 *W.C. Quinn*.....

Licensed Embalmer No. *481*

P. O. Address *K.C. Mo.*

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.