

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33527**
4637

FILED NOV 10 1955

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|---|-------------------------------|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>199</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 (If outside corporate limits, write RURAL and give town or township) Kansas City | | c. LENGTH OF STAY (If in institution) 30 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 2637 Indiana | | | | e. STREET ADDRESS (If rural, give location) 2637 Indiana 33680 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Alfred | | b. (Middle) Robert | | c. (Last) Taylor | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1955 | |
| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Feb. 10, 1895 | | 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY laborer | | 11. BIRTHPLACE (City and State or Foreign Country) Kingsville, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME James Taylor | | | 13b. MOTHER'S MAIDEN NAME Hattie Pemington | | | 14. NAME OF HUSBAND OR WIFE Eva Taylor | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Eva Taylor | | ADDRESS 2637 Indiana | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Vascular Accident</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | INTERVAL BETWEEN ONSET AND DEATH 33 1/2 | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from Oct. 19, 1954 , to 10/25, 1955 , that I last saw the deceased alive on 10/25, 1955 and that death occurred at 4:10 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L. S. Daigle (Degree or title) M.D. | | | | 23b. ADDRESS 2122 Truman Rd. | | 23c. DATE SIGNED 10/27/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct 29, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Holden, Mo. | |
| DATE REC'D BY LOCAL REG. 10-28-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter B. ... | | ADDRESS _____ | |

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th Kent*.....

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.