

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9344  
969

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

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>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>12 day</u>	c. CITY OR TOWN <u>Richmond</u>	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 <u>Reverend Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>West main st 28<sup>th</sup></u>	

3. NAME OF DECEASED (Type or Print) <u>KATHERINE TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 5-1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 27, 1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Forks, N. Dakota</u>		12. COUNTRY OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>J. V. Pichotta</u>		13b. MOTHER'S MAIDEN NAME <u>Mary --</u>		14. NAME OF HUSBAND OR WIFE <u>Hugh Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-20-8146</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Taylor, Richmond, Mo.</u> ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrenous gall B. Coronary disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Acute Coronary</u> DUE TO (c) <u>Obesity; Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>584+</u>	
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19a. DATE OF OPERATION <u>2-28-1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous gall bladder &amp; stones</u>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-24, 1956, to 3/5, 1956, that I last saw the deceased alive on 3/5, 1956, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Montgomery M.D.</u> (Degree or title)		23b. ADDRESS <u>Cross Bldg K.C. Mo</u>		23c. DATE SIGNED <u>3/5/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/1956</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Richmond</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>		ADDRESS <u>Richmond, Mo</u>	

DATE REC'D BY LOCAL REG. <u>3-5-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. C. Montgomery

300  
48

Dec 1-1040

MAR 1959

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..... *Thomas J. Carter*

Licensed Embalmer No. *44*

P. O. Address..... *Richmond*

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.