

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16627

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1911

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. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Year of Inhabitation No.

d. FULL NAME OF HOSPITAL OR INSTITUTION Crestwood Medical Center

• STREET ADDRESS (If rural, give location) 3939 Myrtle

2608

3. NAME OF DECEASED (Type or Print)  
a. (First) Thomas b. (Middle) Nathaneal c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year)  
May 1 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 29 Nov 1866

9. AGE (In years last birthday) 89  
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Ret. Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY Wholesale

11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri

12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME John Taylor

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Louella Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-14-0051

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Louella Taylor - 3939 Myrtle

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) Infection Rt. great toe and Rt. foot (cutting toe nails)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) Septicemia  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 weeks  
few days  
0534

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25-56 to 5-1-56, that I last saw the deceased alive on 5-1-56, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Atcheson M.D.

23b. ADDRESS 3939 Perfect

23c. DATE SIGNED 5-2-56

24a. BURIAL, CREMATION REMOVAL (Specify) Burial

24b. DATE 5-3-56

24c. NAME OF CEMETERY OR CREMATORY Floral Hills

24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
5-2-56 Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
FLORAL HILLS MEMORIAL CHAPELS, INC. K.C.MO

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

APR 24 1930

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 *Raymond C. Wood*

Licensed Embalmer No. 485

P. O. Address T. C. 7

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.