

FILED FEB 18 1957

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 387

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. 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? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 209 W 19th

STREET ADDRESS (If rural, give location) 791 S 7547 Baltimore

3. NAME OF DECEASED  
a. (First) Sam b. (Middle) \_\_\_\_\_ c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) 1-22-57

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH 6-22-86

9. AGE (In years last birthday) 70

IF UNDER 1 YEAR Months Days Hours Min. 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Taylor

13b. MOTHER'S MAIDEN NAME Esther (Unknown)

14. NAME OF HUSBAND OR WIFE Lilly

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. 491-20-8275

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lilly Taylor Home

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic Heart Disease  
DUE TO (c) Arteriosclerosis Generalized  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Sudden  
10 yrs +  
10 yrs +  
4200

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) \_\_\_\_\_

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 Jan 1, 1950, to Jan 22, 1957, that I last saw the deceased alive on Jan 21, 1957, and that death occurred at 5:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms MD (Degree of title)

23b. ADDRESS 4635 Wyandotte St. City Mo.

23c. DATE SIGNED 1/23/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-24-57

24c. NAME OF CEMETERY OR CREMATOR Blue Ridge

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

DATE REC'D BY LOCAL REG. 1-24-57 REGISTRAR'S SIGNATURE Herb Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis Fun'l Home 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 *Henry Buffington*.....

Licensed Embalmer No. *2750*

P. O. Address *P.O. 710*.....

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.