

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8930**
1372

FILED APR 10 1957

BIRTH NO. **D 22698-57** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1372**

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) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 2501 Highland	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) - c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1957		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH February 21, 1957		9. AGE (In years last birthday) 265 IF UNDER 1 YEAR: Months 3 Days 265 IF UNDER 24 HRS: Hours 265 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) General Hospital #29 C.M.O. U.S.	

13a. FATHER'S NAME Eugene Taylor		13b. MOTHER'S MAIDEN NAME Lutisia		14. NAME OF HUSBAND OR WIFE Suzette Franklin 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lutisia Taylor, mother 2501 Highland	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		776X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 **2-21-57**, 19___, to **3-16-57**, 19___, that I last saw the deceased alive on **3-16-57**, 19___, and that death occurred at **3:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Heir) W. R. Peterson MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-19-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-29-57		24c. NAME OF CEMETERY OR CREMATORY Fields		24d. LOCATION (City, town, or county) (State) Kansas City, MO	
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DATE REC'D BY LOCAL REG. 3-23-57		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. Johnson K.C. MO	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Anna D. Meyer

Licensed Embalmer No. 308

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.

