

Health, Welfare, Public Service  
 300  
 -56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written in item 18.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 B. I. Burns

STANDARD CERTIFICATE OF DEATH

8932  
 STATE FILE NUMBER 1373

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		Length of stay in <b>3</b> yrs		d. STREET ADDRESS <b>2826 Campbell</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tilford</b> Middle <b>T.</b> Last <b>Taylor</b>				4. DATE OF DEATH Month <b>3</b> Day <b>21</b> Year <b>1957</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Sept 22, 1866</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b> Hours <b>19</b> Min.	IF UNDER 24 HRS. Hours <b>19</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MS Kittick, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>SAMUEL Taylor</b>				14. MOTHER'S MAIDEN NAME <b>MARtha Curtis</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>K.C. Mo. Mrs H.A. Jensen 1815 East 84th St.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of bladder with metastases</b>							INTERVAL BETWEEN ONSET AND DEATH <b>181x</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Feb. 18, 1957</b> to <b>March 21, 1957</b> and last saw <b>him</b> alive on <b>March 21, 1957</b> Death occurred at <b>7:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>B. I. Burns, M.D.</b>				22b. ADDRESS <b>24th &amp; Cherry</b>		22c. DATE SIGNED <b>3-22-57</b>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <b>MAR 23, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER, SONS</b>		ADDRESS <b>1831 BRUSH CREEK BLVD</b>	25. DATE RECD. BY LOCAL REG. <b>3-23-57</b>	26. REGISTRAR'S SIGNATURE <b>Neval Marshall</b>			

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 *Paul R. Williamson*

Licensed Embalmer No. 500

P. O. Address *Overland,  
Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

