

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

17288  
STATE FILE NUMBER  
2398  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

S. 300  
1-57

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>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hosp</u>			Length of stay in lb. <u>2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>3012 York</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Georgia</u> Middle <u>Taylor</u> Last <u>Taylor</u>				4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1957</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 2, 1914</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>Charles Hamilton</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Archer</u>				14. NAME OF HUSBAND OR WIFE <u>Robert Taylor</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Robert Taylor 3012 York</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Ovary</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2.0 months</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized carcinoma</u>										175X			
DUE TO (c) _____										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 <u>3/6/56</u> to <u>5-22-59</u> and last saw her alive on <u>10/22/57</u> Death occurred <u>On</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) <u>Richard G. Helman</u>						22b. ADDRESS <u>620 Reg Bldg</u>			22c. DATE SIGNED <u>5/23/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 24, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fannings Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Missouri</u>					
24. FUNERAL DIRECTOR <u>Muehlebach Funeral Home</u>				ADDRESS <u>N.C. Mo.</u>		25. DATE RECD. BY LOCAL REG: <u>5-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Richard G. Helman

Dr. Richard Wellman  
Prof. Biol. Ha 1-5584



MAR 12 1958

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 *Richard E. Nichols* .....

Licensed Embalmer No. *6997* .....

P. O. Address *6800 TRIMM* .....

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.