

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44629**
5682
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinty Lutheran Hosp.			e. STREET ADDRESS (If rural, give location) 708 Seminary		
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) CATHERINE c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-18-1861	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 1 HRS. Hours IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Logansport, Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jospeh Shellhart		13b. MOTHER'S MAIDEN NAME Susan Gebhart		14. NAME OF HUSBAND OR WIFE James H. Taylor	
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred E. Taylor 2115 W 51 KC, Ks.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 ? 4221
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <u>11/28</u> , 19 <u>57</u> , to <u>11/30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>57</u> , and that death occurred at <u>12:50 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. W. Young</i>		(Degree or title) M.D.	23b. ADDRESS 1401 S. W. Blvd K.C. Mo		23c. DATE SIGNED 11/30/57
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 12-2-57	24c. NAME OF CEMETERY OR CREMATORY Pleasanton Cemetery	24d. LOCATION (City, town, or county) (State) Pleasanton, Kansas		
DATE REC'D BY LOCAL REG. 11-30-57	REGISTRAR'S SIGNATURE <i>Reva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eugene P. Amos Shawnee, Kansas		

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K.P.

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.....
Eugene P. Jones

Licensed Embalmer No. 5023.....

P. O. Address Shawnee, Kansas.....

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.