

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

STATE FILE NUMBER 1459
364

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

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in lb 50 YRS.	d. STREET ADDRESS (If outside, give location) 7133 Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sadie Middle NONE Last Taylor			4. DATE OF DEATH Month Jan. Day 20 Year 1958		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Russia 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Harry W. Longbord	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Solomon Taylor
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Sam Bodker, Kansas City, Mo.	Address
--	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction (tentative) DUE TO (b) Intra-arterial neoplasm (tentative) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2.37 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. Month, Day, Year	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 12-20-57 to 1-20-58 and last saw her alive on 1-20-58 Death occurred at 7:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Jack C. Vincent, MD. (Degree or title)	22b. ADDRESS 701 E 63 KC Mo.	22c. DATE SIGNED 1-22-58
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/23/58	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge, Cemetary	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------------------------	---	--

24. FUNERAL DIRECTOR J.P. Louis, Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-23-58	26. REGISTRAR'S SIGNATURE Irene Marshall
---	---------	--	--

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Jack C. Vincent

All diseases in Part I must be causally related.

Me 3-8838

2
1

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 *Gary Buffington*

Licensed Embalmer No. 2758

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.