

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018552

STATE FILE NUMBER
2518

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2518

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>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3349 Flora</u>		d. STREET ADDRESS (If outside, give location) <u>3349 Flora</u>	
Length of stay in lb <u>60 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FANNIE</u> Middle <u>L</u> Last <u>TAYLOR</u>			4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1958</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 25 1863</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <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, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Coloma, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>Oscar Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Braden</u>	14. NAME OF HUSBAND OR WIFE <u>J. Frank Taylor</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Helga Schubert</u> Address <u>3349 Flora Rd Mo</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>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4:00</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>	
	DUE TO (c) <u>Senility</u>	
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 a.m. _____ Month, Day, Year _____ 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>Feb 5, 1958</u> to <u>May 17, 1958</u> and last saw her alive on <u>May 16, 1958</u> Death occurred at <u>11:30</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert Jansen MD</u> (Degree or title)	22b. ADDRESS <u>101 E 63rd St</u>	22c. DATE SIGNED <u>5-18-58</u>
--	-----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 19 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>
---	------------------------------	--	--

24. FUNERAL DIRECTOR <u>Hilke Funeral Home</u> ADDRESS <u>2315 Grand</u>	25. DATE RECD. BY LOCAL REG. <u>5-18-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Robert Jansen

All diseases in Part I must be causally related.

Dr. Edt Jensen
440 E 66
721 4 2816

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 *Chas E Wiels*

Licensed Embalmer No. *2644*
P. O. Address *MEMO*

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.