

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022109
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2972

S. 300
1-57 4

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) <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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Howood Nursing Home</u>		Length of stay in lb <u>47 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>3001 De Saffway</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maude - Taylor</u>			4. DATE OF DEATH Month Day Year <u>June - 10 - 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>Aug 27 - 1899</u>
9. AGE (If under 1 year, last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	11. BIRTH PLACE (City and state or country) <u>Glasgow, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alonzo Beaman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Barnaman</u>
14. NAME OF HUSBAND OR WIFE <u>Earl 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>496-16-9426</u>
17. INFORMANT Address <u>Mrs. Irene Binder</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>Uremia.</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Hypertensive heart disease c.c. U.A.</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4434</u>		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 Month, Day, Year 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>6-9-58</u> to <u>6-10-58</u> and last saw her/him alive on <u>6-9-58</u> Death occurred at <u>7:00 Pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. M. Haight</u>		22b. ADDRESS <u>3401 E 12th KC Mo</u>	
22c. DATE SIGNED <u>6-11-58</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal June 13-1958</u>	
23b. DATE <u>June 13-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Bur</u>	
23d. LOCATION (City, town, or county) (State) <u>Winclair, Missouri</u>		24. FUNERAL DIRECTOR <u>C. H. Blackman & Son, Inc.</u>	
24. ADDRESS <u>15-C Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

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

J. M. Haight

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7-1

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 *W.C. Purvine*

Licensed Embalmer No. *4879*

P. O. Address *W.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.