

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025955

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie Township</b>		c. CITY OR TOWN <b>"unknown"</b> 7000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Jackson County Negro Home</b>		d. STREET ADDRESS <b>"unknown"</b>	
Length of stay in lb <b>8 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>William - Taylor</b>			4. DATE OF DEATH Month Day Year <b>7 - 16 - 1958</b>		
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5. SEX <b>Male</b> 2	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>separated</b> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>"unknown"</b>	9. AGE (In years) <b>9</b> <b>Approx. 80</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>"unknown"</b>	11. BIRTHPLACE (City and state or country) <b>"unknown"</b>	12. CITIZEN OF WHAT COUNTRY? <b>"unknown"</b>
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13a. FATHER'S NAME <b>"unknown"</b>	13b. MOTHER'S MAIDEN NAME <b>Anny Herod</b>	14. NAME OF HUSBAND OR WIFE <b>"unknown"</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>"unknown"</b>	16. SOCIAL SECURITY NO. <b>"unknown"</b>	17. INFORMANT <b>Records; Jackson County Negro Home</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mitral Insufficence</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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"/> 2

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.) <b>410x</b>
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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
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21. I attended the deceased from Death occurred at <b>7-1-58</b> to <b>7-18-58</b> and last saw her alive on <b>7-17-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Samuel H. Gifford</b>	22b. ADDRESS <b>1144 S. 4th St. Jackson, Mo.</b>	22c. DATE SIGNED <b>7-19-58</b>
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23a. BURIAL, CREMATION, REBURY <b>Amputated</b>	23b. DATE <b>7-17-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Western Dental College</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Weillert Funeral Homes K,C.Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7/26-58</b>	26. REGISTRAR'S SIGNATURE <b>M. Blumford</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *B. E. Weibert* .....

Licensed Embalmer No. *4075*

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.