

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039017

STATE FILE NUMBER

FILED DEC 8 1958

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1271

1. PLACE OF DEATH a. COUNTY Buchanan		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 St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If outside, give location) Little Blue County Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 20 years			

3. NAME OF DECEASED (Type or print) First Middle Last NELLIE TAYLOR			4. DATE OF DEATH Home Month Day Year Nov. 21, 1958		
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1878	9. AGE (In years last birthday) 80	F 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) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and state or country) California, Missouri 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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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. none	17. INFORMANT Address Miss Mayme Penn, Kansas City, Mo.
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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) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Right leg amputation for	10 days
	DUE TO (c) Arteriosclerotic gangrene	
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.) 4501
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20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Oct. 20, 1958 to Nov. 21, 1958 and last saw her alive on Nov 20, 1958 Death occurred at 4 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Mohammad Tahir M.D.	22b. ADDRESS St. Joseph, Mo State Hospital #2	22c. DATE SIGNED 11/21/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) (State) Kirksville, Missouri
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24. FUNERAL DIRECTOR Wm H. Alexander	ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 24, 1958	26. REGISTRAR'S SIGNATURE Mrs Clark Goodell
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MEDICAL CERTIFICATION  
 Dr. Mohamirad Tahir  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 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 *Wm. H. Alexander* .....

Licensed Embalmer No. *4450* .....

P. O. Address *St. Joseph, W.* .....

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.