

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044430
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 60916
FILED JAN 14 1958

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 checked="" 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 St. Lukes Hospital		Length of stay in lb 13 years	d. STREET ADDRESS (If outside, give location) 4708 Woodland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHESTER Middle CRAWFORD Last TAYLOR			4. DATE OF DEATH Month December Day 22 Year 1958
5. SEX Male	6. COLOR OR RACE Cauc	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investigator		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Pittsburgh, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ella Mae Mathews	14. NAME OF HUSBAND OR WIFE Mrs Lena Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) Yes NY I		16. SOCIAL SECURITY NO. 474-03-5544	17. INFORMANT Address Mrs. Lena Taylor, 4708 Woodland, K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchogenic Carcinoma + Pulmonary Emphysema (Chronic) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mrs Mathews to liver & kidney			INTERVAL BETWEEN ONSET AND DEATH 6 days April 1957
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.) 16-201	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 4-5-56 to 12-22-58 and last saw him alive on 12-22-58 Death occurred at 3:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Leslie Thompson, M.D. (Degree or title)		22b. ADDRESS 411 Nichols Road KC Mo.	22c. DATE SIGNED 12-25-58
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Garden	23d. LOCATION (City, town, or county) (State) Overland Park, Kansas
24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 12-24-58	26. REGISTRAR'S SIGNATURE Neve Marshall

All diseases in Part I must be causally related.
 C. Leslie Thompson
 MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *P. E. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *H. C. Va.*

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.