THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005917

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 937

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MENORAH HOSPITAL — Length of stay in 1b 49 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
3798
d. STREET ADDRESS (If outside, give location) 2615 E. 60th Ste. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First KATHERINE Middle Last TAYLOR

4. DATE OF DEATH Month 2 Day 16 Year 59

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 5-18-06
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOCIAL WORKER
10b. KIND OF BUSINESS OR INDUSTRY Service VOCATIONAL
11. BIRTHPLACE (City and state or country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hyman Taylor
13b. MOTHER'S MAIDEN NAME Rose Rome
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give dates of service) No
16. SOCIAL SECURITY NO. ------
17. INFORMANT MRS Heime Lebo Address 2615-E-60th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Leiomyosarcoma of the uterus — INTERVAL BETWEEN ONSET AND DEATH 1 yr
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 ~~2/16/59~~ 1958 to 2/16/59 and last saw her/him alive on 2/16/59
Death occurred at 2:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Morton C. Creditor M.D.
22b. ADDRESS 4949 Rockhill Rd.
22c. DATE SIGNED 2/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-17-59
23c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Mo

24. FUNERAL DIRECTOR J. P. Louis Funeral Home ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 2-18-59
26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Morton C. Creditor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.