

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013574
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1619

300
-57

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 DeLora Rest Home		Length of stay in 1b 31 Years	d. STREET ADDRESS (If outside, give location) 513 West 31st Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) EVELYN BYRD TAYLOR			4. DATE OF DEATH Month March Day 28 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1872
9. AGE (In years last birthday) 86		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) Retired Public School Teacher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DuQuoin, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hillery Herbert Taylor	13b. MOTHER'S MAIDEN NAME Emily Marfield McLain
14. NAME OF HUSBAND OR WIFE ----		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. 497-14-6816
17. INFORMANT Miss Sara G. Taylor, 513 West 31st St. K.C. Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21: I attended the deceased from _____ 3 or 4 years ago last saw her alive on _____ 3-28-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Calvin A. Beard (Degree or title)		22b. ADDRESS 307 Bryant Bldg., K.C., Mo.	
22c. DATE SIGNED 3/30/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) (State) DuQuoin, Illinois
24. FUNERAL DIRECTOR FREEMAN MORTUARY, KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 3-30-59	26. REGISTRAR'S SIGNATURE Beva Marshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

HA. 1-2824

VA. 1-4433

Missouri	Kansas City	Delora Rest Home	Retired Public School Teacher
Kansas City	31 Years	Wife	Miss Sara G. Taylor, 212 West 21st St. N.C. Mo.
March 28, 1928	TAYLOR	BYRD	Emily Marfield Nelson
Sept. 21, 1872	86		
U.S.A.			

General Memorandum
 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 *Walter H. Carwin*

Licensed Embalmer No. *4352*
 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.

FREEMAN MORTUARY, KANSAS CITY, MO.