

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021728

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2852

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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>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED <b>Keely, No. H.</b>		Length of stay in lb HOSPITAL OR INSTITUTION <b>4123 Indep. Ave</b>	d. STREET ADDRESS (If outside, give location) <b>35 Yrs.</b> <b>3739 Indiana</b>

3. NAME OF DECEASED (Type or print) First <b>ORVAL</b> Middle <b>RAYMOND</b> Last <b>TAYLOR</b>			4. DATE OF DEATH Month <b>6</b> Day <b>9</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7 25 1893</b>	9. AGE (In years birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done or most profitable, even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>	11. BIRTHPLACE (City and state or country) <b>Cowgill, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>HARIAM R. TAYLOR</b>	13b. MOTHER'S MAIDEN NAME <b>Rhoda A. Frazier</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl L. Taylor</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give branch or dates of service) <b>W. W. Thompson</b>	16. SOCIAL SECURITY NO. <b>495 05 4735</b>	17. INFORMANT Address <b>Mrs. Pearl L. Taylor 3739 Indiana</b>
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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>Acute Congestive Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Toxemia</b>	
	DUE TO (c) <b>Acute Bilateral Pyelonephritis 3 mo</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Para Physis. Reported 6:00</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <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 **11-7-57** to **6-9-59** and last saw her alive on **6-8-59**  
Death occurred at **6:30 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>W. W. Thompson D.O.</b>	22b. ADDRESS <b>621 Prospect</b>	22c. DATE SIGNED <b>6-9-59</b>
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23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>	23b. DATE <b>6-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Floral Hills Memorial Chapels, Inc</b>	25. DATE RECD. BY LOCAL REG. <b>6-11-59</b>	26. REGISTRAR'S SIGNATURE <b>neva marshall</b>
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MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.  
W. W. Thompson

Dr. W. W. Thompson  
6218 Prospect  
5:00 PM today

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 *Ferris D. Golds...*

Licensed Embalmer No. *4214*  
P. O. Address *K P M.*

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.