

59-025464

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED VS AUG 14 1959

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3659

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2210 E. 13th St.</b>		Length of stay in 1b <b>40 yrs.</b>	d. STREET ADDRESS <b>2210 East 13th St.</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bennie</b> Middle <b>O.</b> Last <b>Taylor</b>			4. DATE OF DEATH Month <b>7</b> Day <b>26</b> Year <b>1959</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</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>Dec. 13, 1881</b>		9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pullman Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Marshall, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bennie Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Laura B. Taylor</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>408-18-8578</b>	
17. INFORMANT <b>Mrs. Laura B. Taylor, K. C. Mo.</b>		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>Generalized Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Unknown Primary Carcinoma</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) <b>1992</b>		INTERVAL BETWEEN ONSET AND DEATH	
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.)	
20c. TIME OF INJURY Hour _____ 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 <b>Kansas City, Mo.</b>		20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>June 9, 59</b> to <b>July 26, 59</b> and last saw her alive on <b>July 25, 1959</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>W. H. Bryan M.D.</b> (Degree or title)		22b. ADDRESS <b>2122 E. 12th St</b>	
22c. DATE SIGNED <b>7-29-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-30-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Mrs. Meek's Mortuary</b>		24a. ADDRESS <b>K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-28-59</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>		26a. (City, town, or county)		26b. (State)	

(Licensed Embalmer's Statement on Reverse Side)

Health,  
& Welfare  
Public  
ServiceS. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

W. H. Bryan  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Millard B. Paske* .....

Licensed Embalmer No. *5013* .....

P. O. Address *15 C 7th* .....

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.