

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006625

FILED VS. MAR 7 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 982 STATE FILE NUMBER

| | | | | | | |
|--|--|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 1 hour | c. CITY OR TOWN DREXEL | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veteran's Hospital | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RR #1 | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First HERMAN Middle OSCAR Last TAYLOR | | | 4. DATE OF DEATH Month FEBRUARY Day 16 Year 1960 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-29-15 | 9. AGE (last birthday) 44 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME JOHN TAYLOR | | 13b. MOTHER'S MAIDEN NAME MARY SANDERS | | 14. NAME OF HUSBAND OR WIFE BETTY LUCILLE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II | | 16. SOCIAL SECURITY NO. 513-07-5990 | 17. INFORMANT Lucille Taylor RR #1 Drexel, Missouri Address Official Records VA Hospital, K.C., Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Myocardial infarction, posterior, recent | | | | | | |
| DUE TO (b) Right coronary artery thrombosis | | | | | | |
| DUE TO (c) Coronary arteriosclerosis, severe | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year | | | | | |
| 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 | |
| 21. <input checked="" type="checkbox"/> attended the deceased from 2-16-60 to 2-16-60 and last saw her/him alive on 2-16-60 Death occurred at 4:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i> | | | 22b. ADDRESS 1034 Rialto Bldg | | 22c. DATE SIGNED 2-18-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 2-19-1960 | 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY | | 23d. LOCATION (City, town, or county) KANSAS CITY KANSAS | | |
| 24. FUNERAL DIRECTOR RUNYAN FUNERAL HOME | | | ADDRESS DREXEL MISSOURI | 25. DATE RECD. BY LOCAL REG. 2-18-60 | 26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HUGH H. OWENS

MAR

STATEMENT BY LICENSED EMBALMER

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

or by Larry S. Todd, Student Embalmer No. 562

working under my personal supervision.

Student Larry S. Todd
Signature of Student Embalmer

Signed Gerald F. White

Licensed Embalmer No. 4956

P. O. Address Amesbury

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.