

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-019653

FILED VS. MAY 27 1960

149

Primary Registration District No. 1002

Registrar's No. 2693

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived.) If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>40 YRS.</u>	c. CITY OR TOWN <u>Kansas City</u>		-Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1332 1/2 E. 11th</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u></u> Last <u>Taylor</u>			4. DATE OF DEATH Month <u>5</u> Day <u>11</u> Year <u>60</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1870</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
IF UNDER 24 HR Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDINGS</u>	11. BIRTHPLACE (City and state or country) <u>FAYETTEVILLE, ARK.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHAMPIN TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-07-8340</u>	17. INFORMANT Address <u>RUSSELL TAYLOR, KEATON, IA.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar - Pneumonia</u>					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):			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					
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. I attended the deceased from <u>5-9-60</u> to <u>5-11-60</u> and last saw him <u>live</u> on <u>5-11-60</u> Death occurred at <u>1:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. Sawyer M.D.</u> (Degree or title)			22b. ADDRESS <u>2400 Cherry - K.C. Mo.</u>		22c. DATE SIGNED <u>5/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-16-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BLUE RIDGE LAWN</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		
24. FUNERAL DIRECTOR <u>BROWN-HUDSON, K.C., Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>5-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Pask

Licensed Embalmer No. 5013

P. O. Address F. C. 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.