

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

=60-027170

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2793

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>4 1/2 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY - MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3522 WALNUT STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Eli</u> Middle <u>LEWIS</u> Last <u>Taylor</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>60</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</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>1-5-77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIROPRACTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>3112 1/2 TROOST AVE. KANSAS CITY, MO.</u>	11. BIRTHPLACE (City and state or country) <u>HARTFORD CITY, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>MARYE CANTOR</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ANNA BELLE TAYLOR</u>
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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>495-38-6436</u>	17. INFORMANT <u>LEWIS W. TAYLOR</u>	Address <u>1124 SOUTH TERRACE DRIVE WICHITA, KANSAS</u>
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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) <u>Pylonephritis - Hemits - Urinary disorder</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)	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
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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 _____ a.m. _____ 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
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21. I attended the deceased from 7/18/1960 to 7/20/1960 and last saw her alive on 7/20/1960
Death occurred at _____ a _____ m on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. Dwyer</u> (Degree or title)	22b. ADDRESS <u>2400 Cherry City</u>	22c. DATE SIGNED <u>7/21/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>JULY 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS</u> Address <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>7-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Bertha Finley - Dep</u>
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BY AFFIDAVIT OF 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

'Student _____
Signature of Student Embalmer

Signed E. C. Gibson

Licensed Embalmer No. 4137
Excelsior Springs, Mo.
P. O. Address

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.