

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 394

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF B. Kelley, M.D.

**FILED APR 24 1961**

1. PLACE OF DEATH  
 a. COUNTY BUCHANAN  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Missouri Length of stay in lb 12 Hours  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Andrew  
 c. CITY OR TOWN SAVANNAH Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 1022 FRANCES Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
JANET LYNN TAYLOR  
 4. DATE OF DEATH Month Day Year  
4 15 - 61

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4-14-61 9. AGE (last birthday) — 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St Joseph Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GARY THOMAS TAYLOR 13b. MOTHER'S MAIDEN NAME BETTY LAVERNE GRESSLY 14. NAME OF HUSBAND OR WIFE Mary J. Taylor Address 1022 Frances Savannah Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mary J. Taylor

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Prematurity  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital anomalies.  
(Spastic flexion deformity of hands, enlarged fontanelles, possible lack of communication of esophagus with stomach. Unable to get suction tube into the stomach.)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  DO NOT DESCRIBE HOW INJURY OCCURRED OR HOW DEATH OCCURRED IN PART II OF THIS FORM

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
6:40 a 4-14-61 to 4-15-61 and last saw her 7:35 alive on 4-15-61

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 4-14-61 to 4-15-61 and last saw her 7:35 alive on 4-15-61  
 Death occurred at 6:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) B. Kelley, M.D. 22b. ADDRESS Savannah, Missouri 22c. DATE SIGNED 4-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4-15-1961 23c. NAME OF CEMETERY OR CREMATORY SAVANNAH 23d. LOCATION (City, town, or county) (State) SAVANNAH Mo

24. FUNERAL DIRECTOR Breit-Hawkins ADDRESS SAVANNAH Mo 25. DATE RECD. BY LOCAL REG. April 19, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell

**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 E. C. Breck

Licensed Embalmer No. 2650

P. O. Address Savannah

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.