

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044431

STATE FILE NUMBER

5708

FILED DEC 30 1958

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN Liberty	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHILDRENS MERCY		d. STREET ADDRESS (If outside, give location) 6001 527 N. MAIN	
3. NAME OF DECEASED (Type or print) First Middle Last DWAYNE ERIC TAYLOR		4. DATE OF DEATH Month Day Year 12-1-58	
5. SEX MALE	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-22-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Christopher Taylor		13b. MOTHER'S MAIDEN NAME Irene Dumas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Luz Taylor		Address 527 N. Main Liberty, Mo	
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>Laryngeal Obstruction</u> DUE TO (b) <u>inflammation + edema</u> DUE TO (c) <u>Congenital brain damage - m.m.</u> 517X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 11-1-58 to 12-1-58 and last saw her alive on 12-1-58 Death occurred at 4:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wayne Hart M.D.		22b. ADDRESS 1716 Andy Ave	
22c. DATE SIGNED 12/1/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec 3-58	
23c. NAME OF CEMETERY OR CREMATORY Garden		23d. LOCATION (City, town, or county) Liberty, Mo	
24. FUNERAL DIRECTOR Churchman		25. DATE RECD. BY LOCAL REG. 12-2-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wayne Hart

All diseases in Part I must be causally related.

*Mellon*

*Blackman*  
*Phon*

*4-1-1914*

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 *John L. Lumberg* .....  
Licensed Embalmer No. *4448* .....  
P. O. Address *2 Cherry St.* .....

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.