

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19708

State File No. 17962
Registrar's No. 2

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN CLIFF DRIVE VIEW)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RT. 11 NORTH KANSAS CITY	
c. LENGTH OF STAY (in this place) 1 YR.		d. STREET ADDRESS (If rural, give location) CLIFF DRIVE VIEW	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME RT. 11 N. K. C.			
3. NAME OF DECEASED a. (First) ROBERT b. (Middle) LEE c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) APRIL 12 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 30 1868
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
11. BIRTHPLACE (State or foreign country) PLATTE COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ALBERT G. TAYLOR		13b. MOTHER'S MAIDEN NAME UNKNOWN MOORE	
14. NAME OF HUSBAND OR WIFE MRS. JENNIE TAYLOR		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'S SIGNATURE OR NAME ALBERT E. TAYLOR RT. 11 NORTH KANSAS CITY	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized paralysis of smallest muscles INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinson's Disease 3 yrs. DUE TO (c) Generalized arteriosclerosis 5 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 350X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Nov 20, 1949 , to 11 April, 1950 , that I last saw the deceased alive on 11 April, 1950 , and that death occurred at 5:00 A. M. , from the causes and on the date stated above.	
23a. SIGNATURE R.D. Dwyer (Degree or title) M.D.		23b. ADDRESS 1902 Swift Ave North Kansas City Mo	
23c. DATE SIGNED 4/12/50		24a. BURIAL, CREMATION (REMOVED) BURIAL	
24b. DATE 4-13-50		24c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY	
24d. LOCATION (City, town, or county) (State) BARRY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS ADDRESS 832 ARMOUR RD. NORTH KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. April 13-50		REGISTRAR'S SIGNATURE Beulah Kitchener	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

248

Eveline Holmes

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, ~~by~~.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Glenn H Hill*.....

Licensed Embalmer No. *4586*.....

P. O. Address *Box 47 Avondale, 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 this body is not embalmed, fact should be so stated above.