

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29527

State File No.

FILED OCT 13 1950

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1110</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>1212 South 6th, Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H.</u> c. (Last) <u>Taylor Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1893</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Night Club</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Amy W. Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>546-42-3187</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James H. Taylor Jr.-Los Angeles, Calif.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>XXXXXXXXXX</u> DUE TO (c) <u>XXXXXXXXXX</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXX</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>4201</u>	
19a. DATE OF OPERATION <u>XXXXXXXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXXXXXXXXXXXXXXXXXX</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXX</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXX</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>XXXXXXXXXX</u>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>				
22. I hereby certify that I attended the deceased from <u>Sept. 16, 1950</u> , to <u>Sept. 25, 1950</u> , that I last saw the deceased alive on <u>Sept. 21, 1950</u> , and that death occurred at <u>12:00p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clara W. Taylor M.D.</u>				23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>9-28-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rockport, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 3, 1950</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home</u> <u>St. Joseph, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

03511
MON

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.

Signed

Charles M. Harman

Signed _____
Student Embalmer

Licensed Embalmer No. *7487*

P. O. Address *St Joseph*

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.