

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36111**

FILED OCT 23 1953

BIRTH NO. **79081** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4729**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 1 day		3638 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1311 West 44th	

3. NAME OF DECEASED (Type or Print) a. (First) DEBORAH b. (Middle) DIANE c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) October 2 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 1, 1953	9. AGE (In years last birthday) 1 day
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Subst	10b. KIND OF BUSINESS OR INDUSTRY Subst	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DAN R TAYLOR	13b. MOTHER'S MAIDEN NAME WANDA J MARLIN	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME DAN Taylor	ADDRESS 1311 West 44th Kc Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity, Immaturity		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 1, 1953**, to **Oct 2, 1953**, that I last saw the deceased alive on **Oct 2, 1953**, and that death occurred at **5:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Webb S. Alsup Jr. (Degree or title) M.D.	23b. ADDRESS 1107 Bryant Bldg. K.C. Mo	23c. DATE SIGNED 10-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct-3-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 10-3-53	REGISTRAR'S SIGNATURE Shiraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Funeral Home	ADDRESS 2315 Sunwood Kansas City MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by not embalmed Student Embalmer No. _____ working under my personal supervision.

Student
Student Embalmer

Signed Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address Honolulu City, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.