No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12254
1466

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1½ mi SE of Lawson

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3. NAME OF DECEASED (Type or Print)
a. (First): VERDA
b. (Middle): D
c. (Last): TAYLOR

4. DATE OF DEATH (Month) (Day) (Year): Mar 31 '54

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 4 1889
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months ~~4~~ Days ~~17~~
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Ray Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm J. Woods
13b. MOTHER'S MAIDEN NAME: Sallie J. Madden
14. NAME OF HUSBAND OR WIFE: John L. Taylor Lawson Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: John L. Taylor Lawson Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Embolus — INTERVAL BETWEEN ONSET AND DEATH: Thrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bacterial Endocarditis — 1 mo
DUE TO (c) Staphylococcus albus — 1 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 5, 19 54, *to* Mar 31, 19 54, *that I last saw the deceased alive on* Mar 31, 19 54, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Davis (Degree or title) Robert C Davis MD
23b. ADDRESS: 810 Prof Bldg Kcmo
23c. DATE SIGNED: 4/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3 '54
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs Mo.

DATE REC'D BY LOCAL REG.: 4-1-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Yarman Pickard Lawson Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Albus

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell K Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.