

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1954

State File No. **19187**
2816

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. 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 RAY	
b. CITY OR TOWN KANSAS CITY, Missouri	c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN RICHMOND	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) Ralph Street	

3. NAME OF DECEASED (Type or Print) a. (First) TYRUS b. (Middle) T. c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 14, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10b. KIND OF BUSINESS OR INDUSTRY Electrical Shop	11. BIRTHPLACE (City and State or Foreign Country) Orrick, Missouri
13a. FATHER'S NAME James Taylor		13b. MOTHER'S MAIDEN NAME Dora Dunbar	14. NAME OF HUSBAND OR WIFE Odesa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records Kansas City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture ribs, 1-9, with chest injury ANTECEDENT CAUSES DUE TO (b) Multiple fractures DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Fracture of left humerus; Fracture and dislocation of left hip; Fracture, left patella; Fracture, right tibia; Possible head injury;		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days 4 days
19a. DATE OF OPERATION	19b. XXXXXXXXXXXXXXXXXXXX	AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidents	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. CITY, TOWN, OR TOWNSHIP Richmond (COUNTY) Ray (STATE) MO
21d. TIME OF INJURY 6-17 54 VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Crack & Car Collision

22. I hereby certify that I attended the deceased from ~~XXXXXX~~ to ~~XXXXXX~~, and that death occurred at **2:50Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) 3	23b. ADDRESS VA Hospital 1034 1/2 Kansas City, Missouri	23c. DATE SIGNED 6-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/21/54	24c. NAME OF CEMETERY OR CREMATORY Richmond
24d. LOCATION (City, town, or county) (State) Richmond, MO		

DATE REC'D BY LOCAL REG. 6-22 54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 18 1955

JUL 16 1955

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

Thomas J. Carter

Licensed Embalmer No. 49

P. O. Address ... *Richmond*

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