

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30081  
4182

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City North</u> c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>No. 4508 North Locust</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Edwin</u> b. (Middle) <u>H.</u> c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29 1954</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 8, 1897</u>
9. AGE (In years) <u>57</u> Months _____ Days _____ Hours _____ Min. _____		9. AGE (In years) <u>57</u> Months _____ Days _____ Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer (Cashland) Mo.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTH PLACE (City and State or Foreign Country) <u>Linden Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Fansler</u>	
14. NAME OF HUSBAND OR WIFE <u>Olga Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Olga 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>480-26-6755</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Taylor-K.C. 16, Mo.</u>		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the right colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>	

19a. DATE OF OPERATION <u>July 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rt colon</u>		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? _____	
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22. I hereby certify that I attended the deceased from July, 1954, to Aug 28, 1954, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>North Kansas City Mo</u>		23c. DATE SIGNED <u>8-20-54</u>	
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24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>8-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8-31-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons - N.K.C.</u>	
DATE REC'D BY LOCAL REG. <u>8-31-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons - N.K.C.</u>	

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

MAY 10 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..... *Glen H. Hill*

Licensed Embalmer No. 450

P. O. Address K.C. 16.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.