

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30864**
4255

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. No. <u>002</u>		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 Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY OR TOWN Kansas City		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 General Hospital No. 1				No. STREET ADDRESS (If rural, give location) 1620 Central 3286			
3. NAME OF DECEASED (Type or Print) a. (First) Rhoda		b. (Middle) A.		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 9 - 4 - 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4 - 18 - 33		9. AGE (in years last birthday) 21	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 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) Cowgill, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Frazier		13b. MOTHER'S MAIDEN NAME Catherine Baker		14. NAME OF HUSBAND OR WIFE Hiram Taylor			
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 ADDRESS Ralph Taylor R. R. 4 N.K.C., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Accident ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardio vasc. disease DUE TO (c) Fractured Hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 37 days 09030 10	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-54 6:30p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on floor			
22. I hereby certify that I attended the deceased from 7-29 , 19 54 to 9-4 , 19 54 , that I last saw the deceased alive on 9-4 , 19 54 and that death occurred at 2:28p m. , from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns, M.D.		B.I. Burns (Degree or title)		23b. ADDRESS General Hospital No. 1		23c. DATE SIGNED 9-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		24d. LOCATION (City, town, or county) (State) Cowgill, Missouri	
DATE REC'D BY LOCAL REG. 9-6-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Farp & Sons 4139 Truman Rd. K. C. Mo.			

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 was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William K. Enge*.....

Licensed Embalmer No. *472*

P. O. Address *H.C. 2*

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.