

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15632**
1925

FILED MAY 24 1955

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 **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **11 yrs**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3028 Bellfontaine**

STREET ADDRESS (If rural, give location) **1329 E. 10th St.**

3. NAME OF DECEASED
a. (First) **Walter** b. (Middle) **Robert** c. (Last) **Taylor**

4. DATE OF DEATH (Month) (Day) (Year) **April 29, 1955**

5. SEX **male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec. 29, 1906**

9. AGE (In years) (Month) (Day) (Year) **48**

10a. USUAL OCCUPATION (Give kind of work done during the last 12 months if retired) **truck driver**

10b. KIND OF BUSINESS OR INDUSTRY **Liepnsner & Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Waco, Texas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ed Taylor**

13b. MOTHER'S MAIDEN NAME **Tina Giles**

14. NAME OF HUSBAND OR WIFE **Gladys Taylor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **no**

16. SOCIAL SECURITY NO. **455-09-9912**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Gladys Taylor 3028 Bellfontaine**

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, asphemia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Dilatation Right Heart**
ANTECEDENT CAUSES
DUE TO (b) **Advanced Chronic Adhesive Pleuritis**
DUE TO (c) **Emphysema**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

5190

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) (Min.)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Deputy Coroner [Signature]** (Degree or title) **3 M.D.**

23b. ADDRESS **1618 Lydia Ave**

23c. DATE SIGNED **4/30/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **May 3, 1955**

24c. NAME OF CEMETERY OR CREMATOR

24d. LOCATION (City, town, or county) (State) **Waco, Texas**

DATE REC'D BY LOCAL REG. **5-2-55**

REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watkins Bros. Funeral Home 18 Benton**

(Licensed Embalmer's Statement on Reverse Side)

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..... *Ernie A. Watters*

Licensed Embalmer No. *46*

P. O. Address *18th Ave*

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.