

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59-036448

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4989

| | | | | | | | |
|---|--|--|--|--|---|--|-------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY JACKSON | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | a. STATE MISSOURI b. COUNTY JACKSON | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 13 Years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3004 Linwood Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MARK NMI TAYLOR | | | | 4. DATE OF DEATH OCTOBER 15, 1959 | | | |
| 5. SEX MALE | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 12-14-15 | 9. AGE (last birthday) 43 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Nashville, Tenn. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Mark Taylor | | | 13b. MOTHER'S MAIDEN NAME Blanche Wilkson | | 14. NAME OF HUSBAND OR WIFE Divorced | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9-26-42 to 11-18-45 | | | 16. SOCIAL SECURITY NO. 488-32-7372 | | 17. INFORMANT Address Official Records, VA Hospital, K.C., Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Bronchopneumonia R & LLL | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage | | | | | | | |
| DUE TO (c) Arterial hypertension | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from VA 10-12-59 to 10-15-59 and / or my home, living on / Death occurred at 5:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE J. A. TURNER (Degree or title) M.D. | | | | 22b. ADDRESS VA Hospital, Kansas City, Mo | | 22c. DATE SIGNED 10-15-59 | |
| 23b. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 10-19-59 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 23d. LOCATION (City, town, or county) Fort Leavenworth, Kansas (State) | | |
| 24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C. Mo. | | | | 25. DATE RECD. BY LOCAL REG. 10-16-59 | | 26. REGISTRAR'S SIGNATURE Neva Marshall | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Millard B. Pasch

Licensed Embalmer No. 5013

P. O. Address H. C. M.

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.