URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

'59 044455

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 500 East South — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Harlen Middle M Last Taylor

4. DATE OF DEATH: Month December Day 31 Year 1959

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH:

9. AGE (last birthday): 93 — 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): Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (City and state or country): Roxford, Ohio

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Issac Taylor

13b. MOTHER'S MAIDEN NAME: Hester Ann Walker

14. NAME OF HUSBAND OR WIFE: Sarah B. Taylor

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Glenn Burrus — Address: 418 No. Kensington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12/21/59, to 12/31/59 and last saw her/him alive on 12/31/59

Death occurred at 12:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Hafer (Degree or title) M.D.

22b. ADDRESS Lees Summit, Mo.

22c. DATE SIGNED 1/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-4-60

23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cem.

23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: Kepley-Hinton — ADDRESS: Raytown, Mo.

25. DATE RECD. BY LOCAL REG.: 12/31/1959

26. REGISTRAR'S SIGNATURE: D. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

FEB 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City

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