MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031333
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4103

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Cass
c. CITY OR TOWN: Raymore
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lelia Middle: Mae Last: Taylor
4. DATE OF DEATH: Month Aug. Day 6 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-8-1880
9. AGE (last birthday): 82
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Cass Co Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Nathaniel C. Osburn
13b. MOTHER'S MAIDEN NAME: Susanna C. Griffith
14. NAME OF HUSBAND OR WIFE: John H. 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: John H. Taylor Address: Raymore Mo.

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): Intrabdominal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Perforated Duodenal Ulcer — 1 day
DUE TO (c):
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 7-9-62, to 8-6-62 and last saw her alive on 8-6-62
Death occurred at 3 30p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): M. D. Durnell MD
22b. ADDRESS: Lee's Summit, Mo
22c. DATE SIGNED: 8/8/62

M. D. Durnell

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-9-62
23c. NAME OF CEMETERY OR CREMATORY: Wills Cemetery
23d. LOCATION (City, town, or county) (State): Peculiar Mo.
24. FUNERAL DIRECTOR ADDRESS: E.K. George & Sons inc. Belton Mo.
25. DATE RECD. BY LOCAL REG.: 8-8-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Burnell
615 W. 3 St. Lee's Summit
LA 4-3799
8:30 A.M. - 1:00 P.M.
8-8-62

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Belton, Mo.

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.