

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19824

2690

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Slater</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>X / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3328 Virginia</u>			

3. NAME OF DECEASED (Type or Print) <u>Robert Russell Talbott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct. 24, 1910</u>		9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Slater Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>James S. Talbott</u>		13b. MOTHER'S MAIDEN NAME <u>Patience Johnson</u>		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Patience Johnson Slater, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive myocardial failure</u>		DUE TO (b) <u>Diffuse atherosclerosis of the coronary arteries</u>			<u>1 month</u>
DUE TO (c) <u>Albany</u>		DUE TO (b) <u>Renal insufficiency</u>			<u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Renal insufficiency</u>			<u>20 yrs.</u>
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) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from May 5, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1220 Professional Bldg</u>		23c. DATE SIGNED <u>6-21-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 21 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
24d. LOCATION (City, town, or county) (State) <u>Slater Missouri</u>					

DATE REC'D BY LOCAL REG. <u>6-21-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn Kas. City</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

V.L. 5150.

2³⁰ P.M.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe B Yoder

Licensed Embalmer No 4173

Signed.....
Student Embalmer

P. O. Address KC 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 this body is not embalmed, fact should be so stated above.