

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23254**
 Registrar's No. **3093**

FILED AUG 4 1951

OK BIRTH NO. 45112-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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) Lakeside Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 76 Kansas City 24th	
c. LENGTH OF STAY (in this place) 15 hours		d. STREET ADDRESS (If rural, give location) 1712 E. 29th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Patricia	b. (Middle) Louise	c. (Last) Talley	4. DATE OF DEATH (Month) (Day) (Year) 7-15-51
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 7-15-51	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 12 MONTHS Days	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME Billy L. Talley	13b. MOTHER'S MAIDEN NAME Elsie Burnett	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Billy L. Talley	ADDRESS 1712 E 29th
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH 7625
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) ectopic lung		
	DUE TO (c) muscular plus 7 Bronchial causing respiratory failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-15-1951**, to **7-15-1951**, that I last saw the deceased alive on **7-15-1951**, and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles S. Fazio (Degree or title) M.D.	23b. ADDRESS 9124 E. 50 Hwy	23c. DATE SIGNED 7-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-18-51	24c. NAME OF CEMETERY OR CREMATORY Strasburg	24d. LOCATION (City, town, or county) (State) Strasburg, Mo.
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DATE REC'D BY LOCAL REG. 7-20-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield	ADDRESS Pleasant Hill
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Chavira S. Taylor -

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
Student Embalmer

Signed *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Plum Hill 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.