

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20692
2822

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
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) Kansas City		c. LENGTH OF STAY (If applicable place) 2 mos		c. CITY (If outside corporate limits, write RURAL and give township) Hot Kansas City		d. STREET ADDRESS (If rural, give location) 1701 E. 17th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1701 E. 17th St				d. STREET ADDRESS (If rural, give location) 1701 E. 17th St			
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) TALTON		c. (Last) TALTON		4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 52	
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH app. 47	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (One kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State of birth and country) Carrollton, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Golden Green		13b. MOTHER'S MAIDEN NAME Jane Wilson		14. NAME OF HUSBAND OR WIFE Edward Link	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Link		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Wallace 1701 E. 17th St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 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"/>							
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) m.		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 June 12, 1952, to June 19, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 5 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Paul B. Burger (Degree or title) M.D.				23b. ADDRESS 5949 Numan Rd - Shawnee, K.		23c. DATE SIGNED 6-20-52	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) Buried		24b. DATE 6-24-52		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. 6-20-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George Green, Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.