

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43205**
5813

FILED DEC 29 1953

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

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 3830 Montgall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2641 Forest 2641 Forest		e. 3568 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Birdie	b. (Middle) Ella	c. (Last) Talbott	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Apr. 15, 1868	9. AGE (In years) (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas H. Talbott	13b. MOTHER'S MAIDEN NAME Bethany E. Prewitt	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 date of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. E. J. Spurgeon ADDRESS 3830 Montgall, Kansas City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		2 days
	ANTECEDENT CAUSES Chronic Myocardial Vascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) (Rheumatic Heart) DUE TO (c) Hypertension		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		415X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 May 28 1951, to Dec 7, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Glenn H. Broyles (Degree or title) M. D.	23b. ADDRESS 1232 Professional Bldg	23c. DATE SIGNED 12-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-7-53	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	24d. LOCATION (City, town, or county) (State) Platte County, Mo.
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DATE REC'D BY LOCAL REG. 12-10-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Rollin T. Mitchell ADDRESS Platte City, Mo.
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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 Poland M. Coffee
Licensed Embalmer No. 4725

P. O. Address Platte City, 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.