

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30861**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4444**

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 (In this place) 66 YEARS	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 1216 WEST 63RD STREET	

3. NAME OF DECEASED a. (First) LEE b. (Middle) J. c. (Last) TALBOTT		4. DATE OF DEATH (Month) (Day) (Year) September 16, 1954	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JULY-12-1888
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10b. KIND OF BUSINESS OR INDUSTRY NATIONAL TILES	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME LEANDER Talbott	13b. MOTHER'S MAIDEN NAME CAROLINE D. MAERIA MABEL M. TALBOT	14. NAME OF HUSBAND OR WIFE MRS. MABEL M. TALBOT
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. 497-36-9320	17. INFORMANT'S SIGNATURE OR NAME MRS. MABEL M. TALBOT
		ADDRESS 1216 W. 63RD ST. KANSAS CITY, MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Malacia		INTERVAL BETWEEN ONSET AND DEATH Six weeks Several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Cerebro-Sclerosis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug 12, 1954**, to **Sept 16, 1954** that I last saw the deceased alive on **Sept 16, 1954**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John D. Skinner M.D.	23b. ADDRESS 1402 Bryant K. P. Mo.	23c. DATE SIGNED Sept 17, 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT 18 1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons
DATE REC'D BY LOCAL REG. 9-18-54	REGISTRAR'S SIGNATURE Neva Minshall	1331 Brush Creek Kansas City, Mo.

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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....
Licensed Embalmer No. *485*
P. O. Address *K.C. 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.