

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37037**
4737BIRTH NO. _____ REG. DIST. NO. 189 PRIMARY REG. DIST. NO. 002 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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 39yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) PrueLLa		e. STREET ADDRESS (If rural, give location) 812 E. 17th St.	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11 3 1955
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 23, 1882
9. AGE (In years) 72 72		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Alto, Ia.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Talley	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Louis Staten	
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Staten 812 E. 17th
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES DUE TO (b) Arterial 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)		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 <u>10-23-55</u> , 19 <u> </u> , to <u>11-3-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>11-3-55</u> , 19 <u> </u> , and that death occurred at <u>4:40 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE E. Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 11-4-55		24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Removal	
24b. DATE Nov 5, 1955		24c. NAME OF CEMETERY OR CREMATORY -	
24d. LOCATION (City, town, or county) (State) Alto, Ia.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. ...	
DATE REC'D BY LOCAL REG. 11-4-55		REGISTRAR'S SIGNATURE Neva Marshall	

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 *Bruce P. Waddell*.....

Licensed Embalmer No. *45*.....

P. O. Address *18th St. Bu*.....

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.