

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20751**
Registrar's No. **2361**

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 65 Years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Apt. 604 235 Ward Parkway-Locarno Apts.				e. STREET ADDRESS (If rural, give location) Apt. 604 235 Ward Parkway-Locarno Apts.					
3. NAME OF DECEASED (Type or Print) a. (First) Alma			b. (Middle) B.		c. (Last) Thayer		4. DATE OF DEATH (Month) (Day) (Year) May 28 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 18, 1879		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Gabriel Ballinger			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND Charles E. Thayer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Forrestina L. Preston				ADDRESS 10951 Massachusetts Los Angeles, Cal.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and arteriosclerotic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral and Cardio-Vas. Dis. 10 years DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerular Nephritis						INTERVAL BETWEEN ONSET AND DEATH 143x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) 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 <u>1946 to May 28, 1956</u> that I last saw the deceased alive on <u>May 28, 1956</u> and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE L.F. Steffen (Degree or title) M.D.				23b. ADDRESS 1103 Grand Ave. K.C. Mo.				23c. DATE SIGNED 5-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1956		24c. NAME OF CEMETERY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri.			
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Neil Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure Und. Co.		ADDRESS 3235 Gillham Plaza 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 *J. S. Walton*.....

Licensed Embalmer No. *2744*

P. O. Address *K. C. M.*

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.