

Dept. Health,  
& Welfare  
S. Public  
Health Service

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

123885  
STATE FILE NUMBER  
1002 Registrar's No. 6143

Registration District No. 149 Primary Registration District No. 1002

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>330 S. Oakley</i>			Length of stay in lb <i>50 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>336 S. Oakley</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Edgar</i> Middle <i>Archie</i> Last <i>Talley</i>				4. DATE OF DEATH Month <i>12</i> Day <i>25</i> Year <i>1957</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>Nov-24-1895</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i>	IF UNDER 24 HRS. Hours <i>-</i> Min. <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>AAA Cleaning Dry</i>	11. BIRTHPLACE (City and state or country) <i>Rich Hill, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James S. Talley</i>			13b. MOTHER'S MAIDEN NAME <i>Ruth Pierce</i>		14. NAME OF HUSBAND OR WIFE <i>Evelyn Talley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <i>Yes W.W.I.</i>			16. SOCIAL SECURITY NO. <i>487-10-0034</i>	17. INFORMANT <i>Mrs. Edith S. Code</i>		Address <i>330 S. Oakley K.C. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardiovascular Disease</i>						<i>unknown</i>	
DUE TO (c) <i>Nephrosis</i>						<i>unknown</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized Atherosclerosis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>591A</i>				
20c. TIME OF INJURY Hour <i>-</i> Month <i>-</i> Day, Year <i>-</i> a.m. <i>-</i> p.m. <i>-</i>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>10/23-57</i> to <i>12-25-57</i> and last saw him alive on <i>12-24-57</i> Death occurred at <i>7: A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>W. K. Kiehn</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>5296 Ft. Tabor</i>	22c. DATE SIGNED <i>12/29/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-27-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>			
24. FUNERAL DIRECTOR <i>C. L. Blackman &amp; Son Inc. K.C. Mo.</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>12-26-57</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)



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 *W. C. Quinn* .....

Licensed Embalmer No. *4879* .....

P. O. Address *W. 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.