Health,
& Welfare
Public
Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029283
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3929

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in Ib 25 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS 911 Forest (If outside, give location) — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Maude ~~Marie~~ Middle Irene Last Talley

4. DATE OF DEATH Month 8 Day 14 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH 3-27-1888

9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Collyer, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME "unk" Morris

13b. MOTHER'S MAIDEN NAME "unknown"

14. NAME OF HUSBAND OR WIFE Charles Talley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) "unk" (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Jackson County Welfare; K.C., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 416X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES XX NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐
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 Aug. 12, 1958, to Aug. 14, 1958 and last saw her/him alive on Aug. 14, 1958
Death occurred at 7:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 8-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-18-1958
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Weilert Funeral Homes; K.C., Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-18-58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

B. I. Burns

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 B E Weilert

Licensed Embalmer No. 4075

P. O. Address KC-8 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.