

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036442

FILED VS **OCT 8 1959** 149 Primary Registration District No. **1002** Registrar's No. **4833** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 3 hours	c. CITY OR TOWN Wellington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 bl. North Highway 24	
3. NAME OF DECEASED (Type or print) First Tony Middle (N) Last Taloney			4. DATE OF DEATH Month October Day 1 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-16-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cutter		10b. KIND OF BUSINESS OR INDUSTRY Dunhill Shirt Co.		11. BIRTHPLACE (City and state or country) Dexington, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Barth Taloney		13b. MOTHER'S MAIDEN NAME Joanna (no record)	
14. NAME OF HUSBAND OR WIFE Ruth Taloney		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. 487-07-0489	
17. INFORMANT Leona Taloney		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion DUE TO (b) coronary thrombosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Wellington, Mo.		20g. COUNTY Lafayette		20h. STATE Missouri	
21. I attended the deceased from Sept. 30 1959 to Oct. 1, 1959 and last saw her/him alive on Oct. 1, 1959		21a. Death occurred at 8:05P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE L. W. Heggins (Degree or title)	
22b. ADDRESS 40 Highway & Blue Ridge Cut off Independence, Mo.		22c. DATE SIGNED 10-2-59		23. LOCATION (City, town, or county) (State) Wellington, Mo.	
23a. BURIAL CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 4, 1959		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24. FUNERAL DIRECTOR J. C. Sheppard		25. DATE RECD. BY LOCAL REG. 10-6-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.