

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

-61-001672

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 532 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>5 years</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bunmaster Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5616 E 62 North</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Thomas Garfield Tally Jan 26, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 12-10-81 9. AGE (last birthday) 79
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Carpenter
 10b. KIND OF BUSINESS OR INDUSTRY Bldg 11. BIRTHPLACE (City and state or country) Shayer, Mo
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas J. Tally 13b. MOTHER'S MAIDEN NAME Mary Martin 14. NAME OF HUSBAND OR WIFE Mollie Tally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Helen Crews, K.C. North Mo
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 hr.
 DUE TO (b) Hypertension 2 Yr.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c) Arteriosclerosis Unknown

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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. Month, Day, Year p.m.
 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 Feb-8-1957 to Jan-26-1961 and last saw her alive on Jan-26-1961
 Death occurred at 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard M. Hill 22b. ADDRESS 10 W. Kansas Liberty, Mo. 22c. DATE SIGNED 1-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-31-61 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City, town, or county) (State) West Plains, MO

24. FUNERAL DIRECTOR ADDRESS Sidmon 4316 Troost KC, Missouri 25. DATE RECD. BY LOCAL REG. 1-31-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 WITHOUT T. HILL
 ITEM NO. SHOULD READ

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 John R. Sidmon

Licensed Embalmer No. 4531
P. O. Address Kansas City, Mo.

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.