

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5508 STATE FILE NUMBER

FILED DEC 1 1961

DATE AMENDED 11-14-61  
 INSTEAD OF: widowed, married  
 Kattie May Talkington, Blanche Talkington  
 BY AFFIDAVIT OF Funeral Director Casebolt

1. PLACE OF DEATH  
 a. COUNTY JACKSON  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 55 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2804 EAST 85TH STREET Inside Limits Yes  No   
 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  No   
 d. STREET ADDRESS (If outside, give location) 2804 EAST 85TH STREET Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last HAYES ARTHUR TALKINGTON  
 4. DATE OF DEATH Month Day Year NOVEMBER 1 1961  
 5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9/20/85 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR  
 10b. KIND OF BUSINESS OR INDUSTRY TALKINGTON FEED COMPANY 11. BIRTHPLACE (City and state or country) VIRDEN, ILLINOIS 12. CITIZEN OF WHAT COUNTRY U. S. A.  
 13a. FATHER'S NAME WILLIAM TALKINGTON 13b. MOTHER'S MAIDEN NAME JULIA HARRIS 14. NAME OF HUSBAND OR WIFE KITTIE MAY TALKINGTON  
 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. NONE 17. INFORMANT Address Robert Talkington, 4044 Warwick Blv

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 INTERVAL BETWEEN ONSET AND DEATH sudden  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hyper-tension 5 y-4  
 DUE TO (c) Arterio Sclerosis  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  
 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. p.m. Month, Day, Year NO

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.) NO  
 20f. CITY, TOWN, OR LOCATION COUNTY STATE  
 21. I attended the deceased from April 10, 1961 - 11-1-61 and last saw him alive on 11-1-61.  
 Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. J. Casebolt M.D. 22b. ADDRESS 4000 Baltimore 22c. DATE SIGNED 11-1-61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Nov. 3, 1961 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI  
 24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH, CR. KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 11-3-61 26. REGISTRAR'S SIGNATURE Ruth Long

EB 20-1962

**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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address K.C., 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.