

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1953

State File No. 455

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 15 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	3818
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS (If rural, give location) 5601 TRACY AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) B. c. (Last) TALLEY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 22 1953		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH AUG 28 1887	9. AGE (In years last birthday) 66 1/2	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PATTONSBURG MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JOHN E. WEBB		13b. MOTHER'S MAIDEN NAME SYDIA C. SMITH		14. NAME OF HUSBAND OR WIFE JOSEPH H. TALLEY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS RUSSELL SAGE		ADDRESS 3601 TRACY AVE KANSAS CITY, MO	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Diabetes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) no				INTERVAL BETWEEN ONSET AND DEATH 5 yrs > 2600	
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19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1, 1953 to Jan 22, 1953 that I last saw the deceased alive on 1-22-53 and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt MD (Degree or title) M.B. Casebolt MD		23b. ADDRESS 4000 Baltimore St. St. Louis		23c. DATE SIGNED 1/23/53	
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE 1-24-53	24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE CEMETERY		24d. LOCATION (City, town, or county) (State) PATTONSBURG MISSOURI	
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DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE O.K. Newcomer's Sons		ADDRESS 1331 GOSH CREEK KANSAS CITY, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1953

APR 24 1953

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
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.