

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28895

State File No.

4246

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's 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) 50 YEARS

c. CITY OR TOWN KANSAS CITY d. Is residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION COLONIAL NURSING HOME

e. STREET ADDRESS (If rural, give location) 1111 Monroe 3180

3. NAME OF DECEASED
a. (First) EMMA b. (Middle) F. c. (Last) TALBERT

4. DATE OF DEATH (Month) (Day) (Year) AUG. 27, 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH MARCH 15, 1867

9. AGE (In years last birthday) 86 if UNDER 1 YEAR Months Days if UNDER 14 HRS. Hours Min.

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) UNKNOWN, MISSOURI

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

13a. FATHER'S NAME CASSEL WAGE

13b. MOTHER'S MAIDEN NAME ELLEN TITTSWORTH

14. NAME OF HUSBAND OR WIFE LUTHER TALBERT

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'S SIGNATURE OR NAME MRS. EMMA TINSLEY ADDRESS 834 N. MONTCALL KANSAS CITY, MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis
ANTECEDENT CAUSES Hypertension 20 yrs or more
DUE TO (b) Terminal Cerebral Thrombus
DUE TO (c) Past episodes of cerebral thrombi with monoplegia. - Blind

INTERVAL BETWEEN ONSET AND DEATH over 10 yrs.
Four hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION no surgery

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan, 1947, to Aug 27, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. Harvey Jennett (Degree or title) M.D.

23b. ADDRESS 424 Professional Bldg. Kansas City, Mo.

23c. DATE SIGNED 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE AUG 29, 1953

24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 8-29-53 REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons ADDRESS 1331 BRUSH CEM. KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Albert L. Savage*

Licensed Embalmer No. *4812*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.