

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19313

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 234

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 Blue		c. LENGTH OF STAY (in this place) 41 yrs	c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 1, Box 49			e. STREET ADDRESS (If rural, give location) RR 1, Box 49					
3. NAME OF DECEASED (Type or Print) Gertrude Maude Tallant			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1954					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 5, 1870	9. AGE (In years last birthday) 83	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Hollis		13b. MOTHER'S MAIDEN NAME Emily E. Downing		14. NAME OF HUSBAND OR WIFE Charles L. Tallant (deceased)				
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 ADDRESS Kinton C. Tallant, Independence, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis of Heart Muscle</i>					INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocardial Infarction</i>							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Shut Rifered</i> 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>natural</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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?						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Kinton C. Tallant</i>			23b. ADDRESS <i>1034 Quatro Bldg.</i>		23c. DATE SIGNED <i>6-14-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>6/16/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Raytown, Mo.</i>				
DATE REC'D BY LOCAL REG. <i>6-16-54</i>	REGISTRAR'S SIGNATURE <i>Kinton C. Tallant</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Carson</i>		ADDRESS <i>Independence, Mo.</i>			

(Licensed Embalmers' Statement on Reverse Side)

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..... *L. E. Brown*

Licensed Embalmer No. *479*

P. O. Address. *Indep.*

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.