

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22434**
3091

FILED AUG 3-1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.T.B. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>13 730 Campbell</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Longella b. (Middle) Talbert c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year)
7-19-55

5. SEX Female 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH Jan 7, 1932 9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Kansas City Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alonso Talbert 13b. MOTHER'S MAIDEN NAME Dorothy Young 14. NAME OF HUSBAND OR WIFE _____

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
Alonso Talbert, father 730 Campbell

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tbc. 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) Secured Employment
DUE TO (c) ABC Pericarditis

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

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-18, 1954, to 7-19, 1955, that I last saw the deceased alive on 7-19, 1955, and that death occurred at 6:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare, M.D. (Degree or title) 23b. ADDRESS K.C.T.B. Hospital 23c. DATE SIGNED 7-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/23/55 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 7-20-55 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur Burr 18th & Benton

(Licensed Embalmer's 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Bruce R. Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Barton

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.