MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3803 -61-029665 STATE FILE NUMBER

FILED AUG 16 1961

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: 35 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): QUEEN OF THE WORLD — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3233 CLEVELAND — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: D. Last: TALL JR.

4. DATE OF DEATH Month Day Year: JULY 26, 1961

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6-6-1926

9. AGE (last birthday): 35 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Midwest Service Center

11. BIRTHPLACE (City and state or country): Kans City. MO

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George D Tall Sr.

13b. MOTHER'S MAIDEN NAME: Lenora Chastine

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

17. INFORMANT Address: MADELINE TALL, sister 3233 CLEVELANDKCMO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Extensive adhesive pleuritis of left chest — INTERVAL BETWEEN ONSET AND DEATH
Pulmonary congestion & edema with interstitial
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) and intraalveolar focal hemorrhages
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute & chronic bilateral pyelonephritis due to narrowing of ureters due to retroperitoneal fibrosis

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

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-3-61, to 7-26-61 and last saw her/him alive on 7-26-61
Death occurred at 4:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bruce P. McDonald MD

22b. ADDRESS: 2604 Prospect

22c. DATE SIGNED: 7-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-1-61

23c. NAME OF CEMETERY OR CREMATORY: Highland

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.: 7-31-61

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 Nicholas Green

Licensed Embalmer No. 4721

P. O. Address 18th & Benton

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.