

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007073

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 885 STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Frank Ellis

<b>FILED FEB 26 1963</b>	
1. PLACE OF DEATH a. COUNTY: <b>Jackson</b>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>Kansas City</b> Length of stay in 1b: <b>7 Mo 11 Days</b>	
c. CITY OR TOWN: <b>Kansas City</b> Inside Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <b>General Hospital</b> Inside Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. STREET ADDRESS (If outside, give location): <b>1012 E. 8th St.</b> Reside on Farm: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First: <b>Anna</b> Middle: <b>Lucinda</b> Last: <b>Talbot</b>	
4. DATE OF DEATH Month: <b>February</b> Day: <b>8</b> Year: <b>1963</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>white</b>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>6-27-62</b>
9. AGE (last birthday) Months: <b>7</b> Days: <b>11</b>	IF UNDER 1 YEAR: <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Inf.</b>	10b. KIND OF BUSINESS OR INDUSTRY: <b>Inf.</b>
11. BIRTHPLACE (City and state or country): <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY: <b>US</b>
13a. FATHER'S NAME: <b>George Talbot</b>	13b. MOTHER'S MAIDEN NAME: <b>Alice Marie Adams</b>
14. NAME OF HUSBAND OR WIFE: <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <b>No</b>	
16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Address: <b>George Talbot - 1012 E. 8th</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Portal Vein Thrombosis with Small Bowel Infarction</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>2-6-63</b> to <b>2-8-63</b> and last saw her alive on <b>2-8-63</b> . Death occurred at <b>9:20</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE: <u>[Signature]</u> (Degree or title)	
22b. ADDRESS: <b>2400 Cherry</b>	
22c. DATE SIGNED: <b>2-8-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	
23b. DATE: <b>Feb 9, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY: _____	
23d. LOCATION (City, town, or county) (State): <b>Mexico, Missouri</b>	
24. FUNERAL DIRECTOR: <b>Melody McGilley Eylar F. H.</b> ADDRESS: <b>1800 E. Lin.</b>	
25. DATE RECD. BY LOCAL REG.: <b>2-9-63</b>	
25. REGISTRAR'S SIGNATURE: <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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RECEIVED

**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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address H. C. Mrs

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.