

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36799**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Haven</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Haven</u>	
c. LENGTH OF STAY (in this place) <u>80 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rover Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Biddie Ann</u> b. (Middle) <u>Talley</u> c. (Last) <u>Talley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-49</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>3/25-1865</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>84 2 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Kella, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Jake Holman</u>	13b. MOTHER'S MAIDEN NAME <u>Wick</u>	14. NAME OF HUSBAND OR WIFE <u>JW Talley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Talley</u> ADDRESS <u>West Haven Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-2-1</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from May 21, 1949 to June 23, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Tommy A. ...</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>27/6/49</u>
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24a. BURIAL OR CREMATION, RE (Specify) <u></u>	24b. DATE <u>6-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Union</u>	24d. LOCATION (City, town, or county) (State) <u>Keola Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-29-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Haven, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9/6/49
District Health Officer No. 5,

District File Number. 949601

Date Filed 9/6/49

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
Student Embalmer

Signed

J. D. Roberts

Licensed Embalmer No. 3480

P. O. Address West Plains, Mo.

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.