

FILED MAY 3 1950 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15700

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>6256</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Jefferson Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Near McFree 1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near McFree</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARY</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>TALLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 27 1877</u>	
9. AGE (In years last birthday) <u>72 1/2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Near Zalma, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Josh Dish</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>G. R. Talley, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Barnes Talley, McFree, Mo.</u>			
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) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <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 <u>Apr. 15, 1950</u> , to <u>April 22, 1950</u> , that I last saw the deceased alive on <u>Apr. 21, 1950</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. A. Masters, M.D.</u>				23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>4-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr. 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dunbar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McFree, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 28-50</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		341		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clayton S. Morgan, Advance Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 1 1950

DISTRICT HEALTH OFFICE No: 4

File No. 550-624

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

William H. Morgan

working under my personal supervision.

Student Embalmer No. ....

Signed William H. Morgan

Signed .....  
Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Admission, Inc.

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.