

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28037**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Hill	
c. LENGTH OF STAY (in this place) 6 years		d. STREET ADDRESS (If rural, give location) Wayland Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wayland Township		d. STREET ADDRESS (If rural, give location) Wayland Township	
3. NAME OF DECEASED (Type or Print) Viola		4. DATE OF DEATH (Month) (Day) (Year) August 24 1953	
a. (First)		b. (Middle)	
c. (Last) Talkington			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 25, 1874
9. AGE (In years last birthday) 79		10. MONTHS 7	11. DAYS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Chariton County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Zed Kelley		13b. MOTHER'S MAIDEN NAME Sallie Barnes	
14. NAME OF HUSBAND OR WIFE C.A. Talkington; Salisbury			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME C.A. Talkington; Salisbury, Mo.; R#2		ADDRESS Salisbury, Mo.; R#2	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 8 days			
ANTECEDENT CAUSES Fracture Hip		DUE TO (b) 8 days	
DUE TO (c) Hypertension, Arteriosclerosis		6 yrs.	
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 E9030	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Prairie Hill, Mo. (STATE) Chariton, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 16, 53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fell in floor			
22. I hereby certify that I attended the deceased from Aug. 16, 19 53, to Aug. 24, 19 53 that I last saw the deceased alive on Aug. 24, 19 53 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. Noel Rains D.O.		23b. ADDRESS Clifton Hill	
23c. DATE SIGNED 8/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 25, 1953	
24c. NAME OF CEMETERY OR CREMATORY Old Prairie Hill		24d. LOCATION (City, town, or county) (State) Prairie Hill, Missouri	
DATE REC'D BY LOCAL REG. 8/29-53		REGISTRAR'S SIGNATURE Tom B. Patton	
55		25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	
ADDRESS Huntsville			

(Licensed Embalmer's Statement on Reverse Side)

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

0210

0210

0

0210

E9030
20

2nd

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 Tom B Patton

Signed.....
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Hinterhill, TN

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.