S. No. 300
v. 10.48

FILED NOV. 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38347

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1216

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1. PLACE OF DEATH
a. COUNTY Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ St. Joseph.
c. LENGTH OF STAY (In this place) 1 Mo. 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Henry
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~ Clinton. R 4-22
d. STREET ADDRESS (If rural, give location) 801 N. Washington. 1

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA b. (Middle) — c. (Last) TALTON.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1953

5. SEX Female 3
6. COLOR OR RACE Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2
8. DATE OF BIRTH 1-18-1878.
9. AGE (In years last birthday) 75. If under 1 year: Months 10 Days 4 If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home making.
11. BIRTHPLACE (City and State or Foreign Country) Sedalia. Missouri. C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Earl Avery - Clinton, Missouri. **ADDRESS**

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10-16 to 11-22 1953

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria - sclerosis
DUE TO (c)

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 4221
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16, 1953, *to* 11-22, 1953, *that I last saw the deceased alive on* 11-22, 1953, *and that death occurred at* 12:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Forrest Thomas. (Degree or title) M.D.
23b. ADDRESS State Hospital No. 2. St. Joseph. Mo.
23c. DATE SIGNED 11-22-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 11/23/1953
24c. NAME OF CEMETERY OR CREMATORY -
24d. LOCATION (City, town, or county) (State) Clinton. Missouri

DATE REC'D BY LOCAL REG. Nov 24, 1953
REGISTRAR'S SIGNATURE Mother M. Allison 485-c
25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home. St Joseph Mo. **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th St Joseph, 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.