

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23978

State File No. ....

FILED AUG 6 - 1954

BIRTH NO. --- REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Newburg</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Newburg</i> 0810	
c. LENGTH OF STAY (In this place) <i>3 years</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>JOSEPH</i> b. (Middle) <i>ELDON</i> c. (Last) <i>TALBERT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 28 1954</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Sept 19-1884</i>		9. AGE (In years last birthday) <i>69</i>		10. 1 YEAR 1 DAY 1 HOUR 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Marion County Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Joseph Talbert</i>		13b. MOTHER'S MAIDEN NAME <i>Francis Talbert</i>	
14. NAME OF HUSBAND OR WIFE <i>Emma Talbert</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>492-12-6154</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Herbert J. Talbert Newburg Mo</i>					

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Laryngeal Carcinoma</i>		ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		<i>NO</i>			
		DUE TO (c)		<i>NO</i>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<i>NO</i>	

19a. DATE OF OPERATION <i>No record</i>		19b. MAJOR FINDINGS OF OPERATION <i>No record</i>				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) <i>161 X</i>			
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 <i>two years</i> to <i>July 28, 1954</i> that I last saw the deceased alive on <i>July 28, 1954</i> and that death occurred at <i>8:30 a.m.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>R. B. Brewer</i>		(Degree or title)		23b. ADDRESS <i>Newburg Mo</i>		23c. DATE SIGNED <i>7-28-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 29, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Shepard</i>		24d. LOCATION (City, town, county) (State) <i>Dixon Mo</i>	
DATE REC'D BY LOCAL REG. <i>July 28, 1954</i>		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i> 380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lee Johnson Newburg Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_  
Date Filed AUG 4 1934

AUG 1 6 1934

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

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address Newburg 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.