

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9003

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 0760	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Linn, Mo)		c. CITY OR TOWN Linn Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 9 weeks		e. STREET ADDRESS (If rural, give location) Crawley Township	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Linn Manor Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) TALKEN	
c. (Last) TALKEN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 30, 1889
9. AGE (In years last birthday) 65		10. MONTHS 7	11. HOURS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wardsville, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Heislen	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frank Talken	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Frank Talken		ADDRESS Taos, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) Generalized arteriosclerosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Stenility	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 8-17 , 19 55 , to 3-16 , 19 55 , that I last saw the deceased alive on 3-12 , 19 55 , and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. J. McLaughlin MD		23b. ADDRESS Jefferson City, Mo	
23c. DATE SIGNED		23d. LOCATION (City, town, or county) (State) Taosmo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/55	
24c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier		24d. LOCATION (City, town, or county) (State) Taosmo	
DATE REC'D BY LOCAL REG. Mar-19-1955		REGISTRAR'S SIGNATURE T. A. Owen 235	
25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Hull		ADDRESS J. C. Mo.	

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

MS JUL 3 0 1959

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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.....
Signature of Student Embalmer

Signed..... *Sylvester Quille*

Licensed Embalmer No. *43*

P. O. Address..... *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.