

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39568**

FILED JAN 4 - 1956

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4013		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY ATCHISON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ATCHISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PHELPS CITY				c. LENGTH OF STAY (in this place) _____			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PHELPS CITY				d. STREET ADDRESS (If rural, give location) NONE			
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE							
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE			b. (Middle) ELLEN		c. (Last) TALLANT		4. DATE OF DEATH (Month) (Day) (Year) 12-25-1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-21-1905		9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) WATHENA, KANSAS		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME HERMAN WRESSLER			13b. MOTHER'S MAIDEN NAME JESSIE BEATTIE		14. NAME OF HUSBAND OR WIFE CHAS. TALLANT (D.E.)		
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 ADDRESS BOB WRESSLER, Rock Port, Mo			
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) Acute pulmonary edema				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis				2 hrs	
		DUE TO (c) Coronary arteriosclerosis				2 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input 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) _____ m.		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 Sept , 1951, to Dec 25 , 1955, that I last saw the deceased alive on Dec 25 , 1955, and that death occurred at 3:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wallace Carpenter, M.D.				23b. ADDRESS Rock Port Mo		23c. DATE SIGNED 12-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-27-1955		24c. NAME OF CEMETERY OR CREMATORY HUNTER CEM.		24d. LOCATION (City, town, or county). (State) Rock Port, Mo	
DATE REC'D BY LOCAL REG. Jan 4, 1956		REGISTRAR'S SIGNATURE Therwin H. Schoales		443- Barrettown Mortuary		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rock Port.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 2

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

Grady B. ...

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.