

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN	c. LENGTH OF STAY (In this place) 40 yrs	c. CITY OR TOWN Joplin	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DDA St. John's Hosp		STREET ADDRESS (If rural, give location) 616 Highland Ave - 0995	

3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) Herbert c. (Last) TALBOTT			4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1956
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN 9, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman	10b. KIND OF BUSINESS OR INDUSTRY City Emp -	11. BIRTHPLACE (City and State or Foreign Country) Prosperity, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wm P. Talbott	13b. MOTHER'S MAIDEN NAME Mary Riddle	14. NAME OF HUSBAND OR WIFE Minnie Talbott
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Minnie Talbott - 616 Highland - Jop.	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH exsanguinating pulmonary hemorrhage.		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Undetermined
	DUE TO (b) Pulmonary tuberculosis		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 002X
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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? _____
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22. I hereby certify that I attended the deceased from 2-6, 1955, to 2-5, 1956, that I last saw the deceased alive on 10-28, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Beale Taylor (Degree or title) _____	23b. ADDRESS 410 Jackson Ave., Joplin, Mo.	23c. DATE SIGNED 2-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb-7-1956	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Mo -
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DATE REC'D BY LOCAL REG. 2-21-56	REGISTRAR'S SIGNATURE Dove Merriam 526-0	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.	ADDRESS Joplin, Mo -
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 29 1956

RECEIVED FEB 28 1956
Jasper County Health Office
County File Number 56-181
Date Filed FEB 28 1956

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 [Signature]
Licensed Embalmer No. 4770

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