

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14150

State File No. ....

BIRTH NO. .... REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5824 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Osage</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Usage</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural Washington Twp.</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>Freeburg, Mo.</b>		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 <b>Her Home Freeburg, Mo.</b>			e. STREET ADDRESS (If rural, give location) <b>Washington Twp. 0760</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>none</b> c. (Last) <b>Talken</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 1956.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 26, 1876.</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>79 6 19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Reichel</b>		13b. MOTHER'S MAIDEN NAME <b>Magdalen Schroeder</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Talken</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe Talken, Freeburg, Mo.</b>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 Hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Renal Vasculosis</b>			<b>?</b>
	DUE TO (c) <b>Diabetis</b>			<b>?</b>
	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 <b>260x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **April 15, 1956**, to **April 15, 1956** that I last saw the deceased alive on **April 15, 1956** and that death occurred at **4:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Moore D.O.</b>		23b. ADDRESS <b>Argyle, Mo.</b>	23c. DATE SIGNED <b>4-17-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 18, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holy Family Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Freeburg, Mo.</b>

DATE REC'D BY LOCAL REG. <b>Apr-18-1956</b>	REGISTRAR'S SIGNATURE <b>T. A. Submitter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McCrannigan</b>	ADDRESS <b>Vienna, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

5-0

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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 April 15, 1956....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 366

P. O. Address Verona

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.