

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15480

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone <u>0100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico <u>0</u>		c. CITY OR TOWN Columbia	
c. LENGTH OF STAY (in this place) 2 Hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		e. STREET ADDRESS (If rural, give location) Highway 40 West	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Cathrine	b. (Middle)	c. (Last) Tallen	May 7, 1956		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced <u>3</u>	8. DATE OF BIRTH Sept. 2, 1901	9. AGE (In years last birthday) 54	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) Mgr. of Tallen Beverage	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Beverage	11. BIRTHPLACE (City and State or Foreign Country) Athens, Greece <u>6</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Nicholas Harris	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
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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. 7	17. INFORMANT'S SIGNATURE OR NAME George W. Tallen, Columbia, Mo.	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, ashenia, 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) Coroners Investigation with out Jury ANTECEDENT CAUSES The deceased died from the effects of injurries caused by colision of the automobile and a truck at a junction of Highway 22 and 151 in Boone County, Missouri. Death occurred at the Audrain Hospital in Mexico, Mo. at 7:15 P. M. from cerebral hemorrhage caused		
II. OTHER SIGNIFICANT CONDITIONS at the Audrain Hospital in Mexico, Mo. at 7:15 P. M. from cerebral hemorrhage caused			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION in above accident. 8/64 26	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Homicide Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 22 & 151	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Centralia Boone Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto collsion <u>010</u>
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22. I hereby certify that I attended the deceased from **Coroners Case**, to _____, 19____, that I last saw the deceased alive on **5/7, 1956**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams, M.D. Coroner	(Degree or title)	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 5/8/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. May 8-1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1955

JUN 6 1955

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 *Tom M. Harg*.....

Licensed Embalmer No. *400*

P. O. Address *Columbus*

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.