

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40730  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Hospital</u> Length of stay in 1b <u>Years</u>		d. STREET ADDRESS <u>440 E. South Ave</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Martin</u> Last <u>Talcott</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>13</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 11 - 1890</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming Railway</u>	11. BIRTHPLACE (City and state or country) <u>Now City Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Riley Albert Talcott</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Adams</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>491-20-3557</u>		17. INFORMANT <u>Alice M. Talcott</u> Address <u>Indep Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> DUE TO (b) <u>Aortic Stenosis</u> DUE TO (c) <u>Rheumatic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Lobar pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> <u>20 yrs</u> <u>?</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>411X</u>		20c. TIME OF INJURY Hour <u>3</u> Month <u>May</u> Day <u>23</u> Year <u>57</u> a. m. <u>PM</u> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>May 23 - 57</u> to <u>Nov 13 - 57</u> and last saw <u>him</u> alive on <u>11-13-57</u> Death occurred at <u>3</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Merill R. Bay M.D.</u>		22b. ADDRESS <u>Blue Springs Mo</u>	
22c. DATE SIGNED <u>11-15-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov. 15 - 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	
23d. LOCATION (City, town, or county) <u>Independence, Mo</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Robert R. Speake Indep</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-57</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Alice M. Talcott</u>	

NOV 26 1957

NOV 18 1957

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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 *Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address *Indep, 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.