

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039614
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1150A

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE KANSAS b. COUNTY POTTAWATOMIE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ONAGO 815 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY HOSPITAL		Length of stay in lb 3 MONTHS	d. STREET ADDRESS (If outside, give location) NONE
3. NAME OF DECEASED (Type or print) First Middle Last EFFIE MAY TALLEY			4. DATE OF DEATH Month Day Year NOV. 29, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Kansas
13a. FATHER'S NAME Rowland Bonjour		13b. MOTHER'S MAIDEN NAME Nancy B urdette	14. NAME OF HUSBAND OR WIFE George B. Talley (dec)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 512-401-682	17. INFORMANT Address Mrs. Helen Stephens, Bolivar, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 332 X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 STATE
21. I attended the deceased from Aug 1958 to Nov 29, 1958 and last saw her alive on Nov 25, 1958		Death occurred at 10:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) James T. Good MD		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 12-6-58
23a. BURIAL, CREMATION, Removal (Specify)	23b. DATE Dec 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Onaga, Kansas	23d. LOCATION (City, town, or county) (State) Onaga Kansas
24. FUNERAL DIRECTOR Butler Funeral Home, Bolivar, Mo		25. DATE RECD. BY LOCAL REG. 12-8-58	26. REGISTRAR'S SIGNATURE Effie S. Melton

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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 *Marshall C. Blackwell*

Licensed Embalmer No. *4713*

P. O. Address *Baltimore, Md*

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.