

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045098

STATE FILE NUMBER

8  
FILED JAN 12 1959

Registration District No. 292 Primary Registration District No. 3918 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Pemiscott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>State line</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>State line</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State line</b>		d. STREET ADDRESS <b>Hallam Inf.</b>	
Length of stay in 1b <b>33 years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Cora</b> Middle <b></b> Last <b>Talley</b>		4. DATE OF DEATH Month <b>12</b> Day <b>25</b> , Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1, 1877</b>
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	
11. BIRTHPLACE (City and state or country) <b>Pinola, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Almon Baggett</b>		14. MOTHER'S MAIDEN NAME <b>Alamanda Baggett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>non</b>	
17. INFORMANT <b>Vernice Talley Baldwin</b>		Address <b></b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> <b>Hypostatic</b> DUE TO (b) <b></b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b>
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.)		20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>	
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.) <b></b>	
20f. CITY, TOWN, OR LOCATION <b></b>		COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>12/21/58</b> to <b>12/25/58</b> and last saw her alive on <b>12/21/58</b> Death occurred at <b>5:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. P. Cole</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Blytheville, Ark.</b>	
22c. DATE SIGNED <b>12/30/58</b>		23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>	
23b. DATE <b>1-4, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Yarbro, Arkansas</b>		23e. (State) <b></b>	
24. FUNERAL DIRECTOR <b>Crumpler Funeral Home</b> ADDRESS <b>Blytheville Ark.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 5-59</b>	
26. REGISTRAR'S SIGNATURE <b>J. R. ...</b>		26. REGISTRAR'S SIGNATURE <b>J. R. ...</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 1 1959

JAN 3 1959

COURTHOUSE  
CARUTHERSVILLE, MO.  
PHONE 79

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by J/ L/ Crumpler, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. L. Crumpler

Licensed Embalmer No. 954

P. O. Address Elytheville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.