

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-031171

FILED VS AUG 19 1959

Registration District No. 3251 Primary Registration District No. 4480 Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Schuyler</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greentop R. F. D. #2</b>		Length of stay in 1b <b>yrs</b>		c. CITY OR TOWN <b>Greentop</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>At family home,</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. #2 Salt River Two</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Lawrence</b> Middle <b>E</b> Last <b>Talbert</b>				4. DATE OF DEATH Month <b>August</b> Day <b>9</b> Year <b>1959</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>7/21/1885</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Schuyler County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Luther D. Talbert</b>			13b. MOTHER'S MAIDEN NAME <b>Almeda Hatfield</b>			14. NAME OF HUSBAND OR WIFE <b>Nellie Florence Morton</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>497-42-1656</b>		17. INFORMANT <b>Mrs. Bill March, Greentop, Mo.</b>			Address	
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>Myocardial Infarction</b> DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year							
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		STATE	
21. I attended the deceased from <b>6-19-59</b> to <b>Aug 9-1959</b> and last saw her <sup>him</sup> alive on <b>Aug 1, 1959</b> Death occurred at <b>8:15 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>Frank Paul JD</b>		22b. ADDRESS <b>Kirkville, Mo.</b>		22c. DATE SIGNED <b>8-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/12/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fugate Cemetery</b>		23d. LOCATION (City, town, or county) <b>Schuyler County, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Paul McIlroy</b>				ADDRESS <b>Kirkville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 19, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Thomas C. Dutton</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1911 4 27 50W

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, 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.