

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022145

FILED VS MAY 18 1960

366

Registration District No. **4537**

Primary Registration District No. **50**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Washington	Length of stay in 1b 40 yrs.	a. STATE Mo.	b. COUNTY Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Irondale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Irondale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS ---	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Emma	Middle Florence	Last Talley	Month May	Day 12,
Year 1960				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-8-1884	9. AGE (last birthday) 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Pratt Woolford	13b. MOTHER'S MAIDEN NAME Natsis Palmer	14. NAME OF HUSBAND OR WIFE Hubert Talley
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. none	17. INFORMANT Mrs. Pearl Sharon, Danville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 36 hr
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardiovascular disease	
	DUE TO (c) Stroke	

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
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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 a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from **Jan 3 1959** to **May 12 1960** and last saw her alive on **May 11 1960**
Death occurred at **3:55 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. [Signature]	(Degree or title)	22b. ADDRESS Leadwood Mo	22c. DATE SIGNED 5/12/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-15-1960	23c. NAME OF CEMETERY OR CREMATORY Caledonia	23d. LOCATION (City, town, or county) Caledonia, Missouri
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24. FUNERAL DIRECTOR Bert L. Boyer	ADDRESS Leadwood, Mo.	25. DATE RECD. BY LOCAL REG. 5/12/60	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 21 1960

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

Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Ladwood

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