URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-025535
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan — Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frazier Rest Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Sullivan
c. CITY OR TOWN Milan — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Ida Middle: May Last: Talbert

4. DATE OF DEATH Month: 6 Day: 21 Year: 1960

5. SEX: F m
6. COLOR OR RACE: W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-1-1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 9 Days 20
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: Inmate
11. BIRTHPLACE (City and state or country): Sullivan Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James H Talbert
13b. MOTHER'S MAIDEN NAME: Mary Ann McKinney
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (U) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Ethel Downen — Address: Milan Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility — INTERVAL BETWEEN ONSET AND DEATH
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) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from June 5, to June 21 and last saw her alive on June 19-60
Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. W. Simpson (Degree or title) D.O.
22b. ADDRESS Milan
22c. DATE SIGNED 6-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-23-60
23c. NAME OF CEMETERY OR CREMATORY: Deep Springs Cem.
23d. LOCATION (City, town, or county) (State): Cora Mo

24. FUNERAL DIRECTOR: Schoene Dwight Schoene ADDRESS: Milan Mo
25. DATE RECD. BY LOCAL REG.: 6-24-60
26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan Mo

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