

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022102  
STATE FILE NUMBER

042

1000

672

Registration District No. Primary Registration District No. Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 18 1962**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph, Missouri** Length of stay in lb **50 years**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **3015 Miller Avenue** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Buchanan**  
c. CITY OR TOWN **St. Joseph, Missouri** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3015 Miller Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED First **SAMUEL** Middle **D.** Last **TALBOT** 4. DATE OF DEATH Month **June** Day **6** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Feb. 4, 1868** 9. AGE (last birthday) **94** IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Good Co.** 11. BIRTHPLACE (City and state or country) **St. Joseph, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Samuel D. Talbot** 13b. MOTHER'S MAIDEN NAME **Liza Jane** 14. NAME OF HUSBAND OR WIFE **Mary Effie Talbot**

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 **Son** Address **Mr. T. E. Talbot - St. Joseph, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Myocardial Degeneration** INTERVAL BETWEEN ONSET AND DEATH **Several Months**  
DUE TO (b) **Chronic Nephritis** ?  
DUE TO (c) \_\_\_\_\_  
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)

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 \_\_\_\_\_

21. I attended the deceased from **Apr. 20, 1962** to **June 6, 1962** and last saw him alive on **June 6 - 1962**  
Death occurred at **8:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Neva M. Steidley DO** 22b. ADDRESS **706 Frances - St. Joseph, Mo** 22c. DATE SIGNED **June 1 - 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 8, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

24. FUNERAL DIRECTOR **Meierhoffer-Fleeman Inc., St. Joseph, Mo.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **June 13, 1962** 26. REGISTRAR'S SIGNATURE **Wm. Clark Goodell**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **Neva M. Steidley DO**

USE BLACK INK OR TYPEWRITER RIBBON

**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 Raymond T. Hooy

Licensed Embalmer No. 5147

P. O. Address St Joseph Ho.

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.