

No. 300  
10. 48

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1763

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4786 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LA GRANGE	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) at home	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Tallent c. (Last) Tallent			4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1949			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>and</del> <sup>and</sup> married	8. DATE OF BIRTH May 12, 18	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8 Days 19	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Archie Tallent		13b. MOTHER'S MAIDEN NAME Elizabeth Jackson		14. NAME OF HUSBAND OR WIFE Martha Ann Tallent		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs William Tallent		ADDRESS LaGrange

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GANGRENE FOOT & ANKLE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) DIABETES MELLITUS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		g and x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6	

22. I hereby certify that I attended the deceased from JAN 22, 1949, to FEB 1, 1949, that I last saw the deceased alive on FEB 1, 1949, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. L. Ellery M.D. (Degree or title)		23b. ADDRESS LaGrange, Missouri		23c. DATE SIGNED 2-3-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Haywood Cemetery		24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG. Feb 12 1949		REGISTRAR'S SIGNATURE P. W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Paul G. Vaughn		ADDRESS LaGrange, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed..... *Paul a. Vaughan* .....

Licensed Embalmer No. *4509* .....

P. O. Address *Le Grange, 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 this body is not embalmed, fact should be so stated above.