

FILED FEB 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. **4019**

93

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4043		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Ballinger Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Ballinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marble Hill <i>Loance Supp</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Marble Hill Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Newton		b. (Middle) Evert		c. (Last) Tallent		4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 11/1982	
9. AGE (In years) last birthday 66		IF UNDER 1 YEAR Months 11 Days 6		IF UNDER 24 HRS. Hours 6 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scopus Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis Tallent			13b. MOTHER'S MAIDEN NAME Sophia Tankus			14. NAME OF HUSBAND OR WIFE Marry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes not know		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME <i>Marry Tallent</i> Tallent		ADDRESS Marble Hill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) not II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) None		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1/17/49 , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>John J. Myers</i>				23b. ADDRESS 209 S. Juteville Mo		23c. DATE SIGNED 2/8/49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 20		24c. NAME OF CEMETERY OR CREMATORY Oak		24d. LOCATION (City, town, or county) (State) Scopus Missouri	
DATE REC'D BY LOCAL REG. Feb 9 1949		REGISTRAR'S SIGNATURE <i>Willie Ann Amburge</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Gless & Kinkead</i>		ADDRESS Juteville Mo	

RECEIVED

Health Officer No. 4
File Number 249-230
Date Filed 2-15-49

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 Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Ovan 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.