

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41819

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>4352</u> | | PRIMARY REG. DIST. NO. <u>4352</u> | | Registrar's No. <u>50</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Versailles</u> b. COUNTY <u>Morgan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> | | c. LENGTH OF STAY (in this place) OR <u>Lifetime</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> | | 71 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS (If rural, give location) <u>East Newton</u> D | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvin</u> | | b. (Middle) <u>O.</u> | | c. (Last) <u>TALBOTT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb 15 1895</u> | |
| 9. AGE (In years last birthday) <u>54</u> | | 10. MONTHS <u>9</u> | | 11. DAYS <u>29</u> | | 12. HOURS <u>1</u> MIN. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fortuna, Misso uri</u> D | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Walter Talbott</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rena Hodges</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Elsie Lingel Talbott</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War I 1917</u> | | 16. SOCIAL SECURITY NO. <u>496-16-4508</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elsie Talbott-Versailles, Mo</u> ADDRESS | | | |
| 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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>2 previous Cerebral hemorrhages</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>Several years</u> <u>2 3 1/2</u> <u>7 yrs ago.</u> | |
| 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) (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 <u>Apr 15, 1949</u> , to <u>Dec 8, 1949</u> , that I last saw the deceased alive on <u>Dec 6, 1949</u> , and that death occurred at <u>6 1/2 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. L. Washburn M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Versailles, Mo</u> | | 23c. DATE SIGNED <u>12/16/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec 13-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 16-1949</u> | | REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Washburn</u> ADDRESS <u>Versailles, Mo.</u> | | | |

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

DEC 20 1949

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1476

Date Filed 12-19-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed [Signature]

Licensed Embalmer No. [Signature]

P. O. Address [Signature]

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.