

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20992

State File No. _____

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>5808</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower (Rural)</u>		c. LENGTH OF STAY (in this place) <u>(Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower (Rural)</u>		<u>1700</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Home</u>					
3. NAME OF DECEASED (Type or Print) <u>Alice Cordelia Talmage</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Mar 3-1868</u>	
9. AGE (In years last birthday) Months Days Hours Min. <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General duty</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pursell.</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Greenwood</u>			14. NAME OF HUSBAND OR WIFE <u>Herbert Talmage Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Talmage</u>				ADDRESS <u>Bellflower Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>Acute myocarditis</u> DUE TO (c) <u>Carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>?</u> <u>153X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>5-20</u> , 19 <u>50</u> , to <u>6-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-14</u> , 19 <u>50</u> , and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James O. Helm</u>				(Degree or title)		23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>6-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u>		24d. LOCATION (City, town, or county) (State) <u>Bellflower Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda A. Jones</u>	
DATE REC'D BY LOCAL REG. <u>6-20-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda A. Jones</u>		ADDRESS <u>Bellflower Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 27 1950
District Health Officer No. 9,
District File Number _____

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 _____

Me _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.