

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27694**  
Registrar's No. **137**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **2048**

1742  
0

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Iowa</b> b. COUNTY <b>Page</b> |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Maryville</b> |  | c. LENGTH OF STAY (If this place) <b>2 days</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>                           |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Braddyville Rural</b>                                |  |
|   |  | d. STREET ADDRESS (If rural, give location) <b>8</b>   |  |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>PATRITTA</b> b. (Middle) <b>TALLY</b> c. (Last) <b>TALLY</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6-27-50</b> |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>            |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>   |  |
| 8. DATE OF BIRTH <b>Dec. 16-1948</b>  |  | 9. AGE (In years last birthday) <b>1</b> |   | 10. IF UNDER 18, Hours Min. <b>6 11</b>                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                       |  | 10b. KIND OF BUSINESS OR INDUSTRY        |   | 11. BIRTHPLACE (State or foreign country) <b>Braddyville Iowa</b> |  |
|   |  |  |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                           |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <b>Paul Tyler Tally</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Alice Weisen</b> |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.                       |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul T. Tally - Braddyville</b> |  |

|  |  |                       |  |                                  |  |
|--|--|-----------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Respiratory Appendix</b>  |  |                       |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES     |  |                                  |  |
| 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 (Conditions contributing to the death but not related to the disease or condition causing death.)             |  |                       |  | <b>5301</b>                      |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 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) |  | 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 **6-25**, 19**50**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **6-27**, 19**50** and that death occurred at **8:15 P m.**, from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE <b>B. F. England</b> (Degree or title)   |  | 23b. ADDRESS <b>M.D. Maryville Mo</b>      |  | 23c. DATE SIGNED <b>7-8-50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>6-29-1950</b>                 |  | 24c. NAME OF CEMETERY OR CREMATORY <b>College Springs Cem.</b>                      |  |
|   |  |  |  | 24d. LOCATION (City, town, or county) (State) <b>College Springs Iowa</b>           |  |
| DATE REC'D BY LOCAL REG. <b>7-8-50</b>                  |  | REGISTRAR'S SIGNATURE <b>Kess Halt 229</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>S. M. Stenerson College Springs Ia.</b> |  |

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



**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**